

Phone: (870) 725-3101

# Smackover- Norphlet School District

## Smackover High School Enrollment

Fax: (870) 725-25401270

### GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:
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Birthdate: \_\_\_\_\_ Gender: Male Female Grade: \_\_\_\_\_

Nickname: \_\_\_\_\_ SSN: \_\_\_\_\_ Hispanic/Latino Ethnicity: Yes No

**RACE** Please answer the following in accordance with standards issued by the US Department of Education.

**PRIMARY RACE** (Please select only **ONE**.)

**American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

**Asian** (A person having origins in any of the original peoples of Far East, South East Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

**Black or African American** (A person having origins in any of the black racial groups of Africa.)

**Native Hawaiian or Other Pacific Islanders** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

**White** (A person having origins in any of the original people of Europe, Middle East, or North Africa.)

**ADDITIONAL RACES (check all that apply)**

American Indian/ Alaska Native

Asian

Black/ African American

Native Hawaiian/ Other Pacific Islander

White

Language Spoken at Home: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

### Student Physical/911 Address

### Student Mailing Address

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address is the same as Physical/911 Address  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Student Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1	Parent/Guardian 2
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Language of Correspondence: _____	Language of Correspondence: _____
Mailing Address: _____	Mailing Address: _____
City: _____	City: _____
State: _____ ZIP: _____	State: _____ ZIP: _____
Email: _____	Email: _____
Home Phone: _____ Cell Phone: _____	Home Phone: _____ Cell Phone: _____
Work Phone: _____ *Alert Phone: _____	Work Phone: _____ *Alert Phone: _____
Employer: _____	Employer: _____
Student Primarily Resides with this Guardian	Student Primarily Resides with this Guardian

### Special Service Information

Is the child identified or receiving services for:

Special Education	YES	NO	If YES, do you receive DIRECT _____ or INDIRECT _____ Services?
Section 504 Program:	YES	NO	English as a Second Language Program: YES NO
Gifted & Talented Program:	YES	NO	

# Smackover High School Enrollment Form

## ADDITIONAL STUDENT INFORMATION

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Birth Country: \_\_\_\_\_

### TRAVEL INFORMATION

**Travel to School: (Please Check One)**

- Bus (Bus Number \_\_\_\_\_)
- Drives Self
- Parent/Guardian (includes walkers, child care vans, ect.)
- District Paid Transportation

**Travel From School: (Please Check One)**

- Bus (Bus Number \_\_\_\_\_)
- Drives Self
- Parent/Guardian (includes walkers, child care vans, ect.)
- District Paid Transportation

Distance From Home to School (Miles) One Way: \_\_\_\_\_

### PRE-SCHOOL PARTICIPATION- Check One

- |                              |                                                       |                       |
|------------------------------|-------------------------------------------------------|-----------------------|
| A - Arkansas Better Chance   | H- Headstart                                          | O- Other              |
| E- Even Start                | NA- Not Applicable                                    | P- Private Pre-School |
| EC- Early Childhood          | C- 21 <sup>st</sup> Century Community Learning Center |                       |
| PS- Public School Pre-School |                                                       |                       |

Birth Certificate #: \_\_\_\_\_ Resident County: \_\_\_\_\_

Is this child a dependent of an active or reserve member of a branch of the United States Armed Services?  
Yes No

If this child resides in a household with an active or reserve member of a branch of the United States Armed Services, please select the branch below.

- |                             |                           |                              |                                    |
|-----------------------------|---------------------------|------------------------------|------------------------------------|
| Active Duty- US Army        | Active Duty- US Air Force | Active Duty- US Navy         | Active Duty- US Marines            |
| Active Duty- US Coast Guard | Reserves- US Army         | Reserves- US Air Force       | Reserves- US Navy                  |
| Reserves- US Marines        | National Guard- US Army   | National Guard- US Air Force | Parents Serve in Multiple Branches |

Is the student a twin (or a triplet, quadruplet, ect.)? Yes No

## ADDITIONAL CONTACT INFORMATION

### Additional Guardian Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Language of Correspondence: \_\_\_\_\_ Work Phone: \_\_\_\_\_ \*Alert Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ \*Alert Phone is used by the district's automated phone message system.  
 City: \_\_\_\_\_ Employer: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Student Primarily resides with this Guardian

## EMERGENCY INFORMATION

### Emergency Contact Information (Contacts Other Than Guardians to be Called in Case of an Emergency)

Contact	Name	Relationship to Child	Phone Number	Phone Type (Home, Cell, Work)
1				
2				
3				
4				
5				

Physician: \_\_\_\_\_ Physician: \_\_\_\_\_  
 Physician Phone: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
 Please list any medical concerns and/or medications for this child: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Has this child been expelled from school in any other school district or is the child a party to an expulsion proceeding? Yes No

Has this child met the requirements of the Arkansas State Health Laws necessary to enter school? Yes No

Please list the names of anyone who is NOT allowed to check out/pick up this child from school: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_