

Phone: (870) 546-2781

Smackover- Norphlet School District

Norphlet Elementary School Enrollment

Fax: (870) 546-1050

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: _____
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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	

Norphlet Elementary 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 st 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: _____