## **North Little Rock School District**

**NLR Center of Excellence Enrollment Form** 

Fax: (501)975-3897

GENERAL STUDENT INFORMATION

Phone: (501)975-3895

FIRST NAME:	MIDDLE NAME:	LASTNAME:
Birthdate: Ge	nder: Female Male	Student ID#:
	ade:	Student Home Phone:
SSN (Optional): His	spanic/Latino Ethnicity: Yes No	Student Cell Phone:
City of Birth: Sta	ate of Birth:	Student Email Address:
Birth Certificate #: Co	unty of Residence:	·
RACE Please answer the following in accordance with		
PRIMARY RACE (Please select only ONE).		
American Indian or Alaska Native (A person who maintains tribal affiliation or community attachm		es of North and South America, including Central America, and
Asian (A person having origins in any of the original China, India, Japan, Korea, Malaysia, Pakistan, the Ph		e Indian subcontinent, including, for example, Cambodia,
Black or African American (A person having ori	gins in any of the black racial groups of Afi	rica)
☐ Native Hawaiian or Other Pacific Islander (A	A person having origins in any of the origin	al peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
White (A person having origins in any of the original	l peoples of Europe, Middle East or North	Africa)
ADDITIONAL KACES (CICCK dir tilat apply).	rican Indian/Alaska Native A	
	ve Hawaiian/Pacific IslanderWh	Special Services Information
Student Physical/911 Add	dress	Special Services Information
Address:	Does the st	tudent have an IEP? YesNo
City:	Does the s	tudent have a 504 plan? Yes No
State: Zip Code:		attended:
	<del>_</del>	
	Parent/Guardian Contact .	Information
Parent/Guardian 1		Parent/Guardian 2
Name: <sup>-</sup>	Name:	
Relationship to Student:	Relationship	to Student:
Language of Correspondence:	Language of	Correspondence:
Mailing Address:		ess:
City: -		
State: Zip Code:		Zip Code:
Email:	Fmail:	
Home Phone:Cell Phone:		e: Cell Phone:
Work Phone:Other Phone:		:Other Phone:
Employer:		Other Friorie.
Student Primarily Resides with this Guardian.		Primarily Resides with this Guardian.

## ADDITIONAL STUDENT INFORMATION

## TRAVEL INFORMATION

Travel	To School (Ple	ease check one)		Pre-School Participation	II. (i lease choose one	e) _
Bu	ıs (Bus Numbe	er)		A - ARKANSAS BETTER CHA	INCE P - PRIVATE PI	RF-SCHOOL
Drives Self			E - EVEN START		CHOOL PRE-SCHOOL	
Parent/Guardian (includes walkers, child care vans, etc.)			nild care vans, etc.)	EC - EARLY CHILDHOOD H - HEADSTART		
				NA - NOT APPLICABLE		
Distance	e From Home to	o School (Miles) One	e Way:	C - 21st CENTURY COMMUN O - OTHER	IITY LEARNING CENTER	
		•		O - OTHER		
Is this	student a twin (	(or a triplet, quadrup	elet, etc.) ? Yes No	_		
Is this	child a depende	ent of an active or re	eserve member of a branch of	f the United States Armed Services?	? Yes No	-
If this	child resides in	a household with ar	n active or reserve member of	a branch of the United States Armo	ed Services, please sele	ect the branch below.
Acti	ve Duty – US Arr		Active Duty – US Air Force	_ Active Duty – US Navy	Active Duty – U	
	ve Duty – US Coa		Reserves – US Army	Reserves – US Air Force	Reserves – US	•
Res	erves – US Marin	nes	National Guard – US Army	National Guard – US Air Force	Parents serve in	n multiple branches
			ADDITIONALCO	ONTACTINFORMATION		
	F	mergency Contact		ncy Information Than Guardians to be Called in (	Case of an Emergency	)
Conta	act	and general contact	The matien (contacts other			Phone Type (ex:
Orde	er	<u> </u>	lame	Relationship to Child	Phone #	Home, Cell, Work
1						
2						
2				L		
3						
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