

North Little Rock School District

Phone: (501)975-3895

NLR Center of Excellence Enrollment Form

Fax: (501)975-3897

GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LASTNAME:
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Birthdate: _____ Gender: Female Male Student ID#: _____
 Nickname: _____ Grade: _____ Student Home Phone: _____
 SSN (Optional): _____ Hispanic/Latino Ethnicity: Yes No Student Cell Phone: _____
 City of Birth: _____ State of Birth: _____ Student Email Address: _____
 Birth Certificate #: _____ County of Residence: _____ Birth Country: _____

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, Southeast 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 Islander** (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 peoples of Europe, Middle East or North Africa)

ADDITIONAL RACES (check all that apply): American Indian/Alaska Native _____ Asian _____ Black _____
 Native Hawaiian/Pacific Islander _____ White _____

Student Physical/911 Address

Special Services Information

Address: _____	Does the student have an IEP? Yes ____ No ____
City: _____	Does the student have a 504 plan? Yes ____ No ____
State: _____ Zip Code: _____	Last school attended: _____

Parent/Guardian Contact Information

Parent/Guardian 1

Parent/Guardian 2

Name: _____
Relationship to Student: _____
Language of Correspondence: _____
Mailing Address: _____
City: _____
State: _____ Zip Code: _____
Email: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Other Phone: _____
Employer: _____
<input type="checkbox"/> Student Primarily Resides with this Guardian.

Name: _____
Relationship to Student: _____
Language of Correspondence: _____
Mailing Address: _____
City: _____
State: _____ Zip Code: _____
Email: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Other Phone: _____
Employer: _____
<input type="checkbox"/> Student Primarily Resides with this Guardian.

ADDITIONAL STUDENT INFORMATION**TRAVEL INFORMATION**

Travel To School (Please check one) <input type="checkbox"/> Bus (Bus Number _____) <input type="checkbox"/> Drives Self <input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.) Distance From Home to School (Miles) One Way: _____	Pre-School Participation: (Please choose one) _ A - ARKANSAS BETTER CHANCE P - PRIVATE PRE-SCHOOL E - EVEN START PS - PUBLIC SCHOOL PRE-SCHOOL EC - EARLY CHILDHOOD H - HEADSTART NA - NOT APPLICABLE C - 21st CENTURY COMMUNITY LEARNING CENTER O - OTHER
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Is this student a twin (or a triplet, quadruplet, etc.) ? Yes ____ No ____

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.

<input type="checkbox"/> Active Duty – US Army	<input type="checkbox"/> Active Duty – US Air Force	<input type="checkbox"/> Active Duty – US Navy	<input type="checkbox"/> Active Duty – US Marines
<input type="checkbox"/> Active Duty – US Coast Guard	<input type="checkbox"/> Reserves – US Army	<input type="checkbox"/> Reserves – US Air Force	<input type="checkbox"/> Reserves – US Navy
<input type="checkbox"/> Reserves – US Marines	<input type="checkbox"/> National Guard – US Army	<input type="checkbox"/> National Guard – US Air Force	<input type="checkbox"/> Parents serve in multiple branches

ADDITIONAL CONTACT INFORMATION**Emergency Information**

Emergency Contact Information (Contacts Other Than Guardians to be Called in Case of an Emergency)				
Contact Order	Name	Relationship to Child	Phone #	Phone Type (ex: Home, Cell, Work)
1				
2				
3				

Physician: _____ Physician Phone: _____

Please list any medical concerns and/or medications for this child: _____

Please list any other NLRSD students living in your household: _____

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 ____

HOME LANGUAGE SURVEY

- What was/were the first language(s) the student learned to speak?** _____
¿Cuál fue(ron) el/los primer idioma(s) que aprendió a hablar su hijo?
- What language(s) are spoken in the home?** _____
¿Qué idioma(s) se hablan en el hogar?
- What language(s) are spoken or understood by the child?** _____
¿En qué idioma(s) habla o entiende el niño?
- What language(s) are spoken or understood by adults in the home?** _____
¿En qué idioma(s) se hablan o entienden los adultos en el hogar?
- What written language would you prefer to receive school communications (such as attendance letters, permission forms, etc.)?** _____
¿En qué idioma usted prefiere recibir la comunicación escrita por parte de la escuela (tal como cartas de asistencia, formularios de permiso, entre otros)?

English	Spanish	Other _____
Inglés	Español	Otro

Parent/Guardian Signature _____

Date _____