

Phone: (870)673-3561

Stuttgart School District

Stuttgart High School Enrollment Form

Fax: (870)673- 0225

GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:
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Birthdate: _____

Gender: Female Male

Nickname: _____

Grade: _____

SSN (Optional): _____

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, 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/Other Pacific Islander ____ White

Language Spoken At Home: _____ Student Email Address: _____

Student Physical/911 Address**Student Mailing Address**

Address: _____ City: _____ State: _____ Zip Code: _____	<input type="checkbox"/> Mailing Address is same as Physical/911 Address Address: _____ City: _____ State: _____ Zip Code: _____
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Student Home Phone: _____ Student Cell Phone: _____

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: _____ *Alert Phone: _____ *Alert Phone is used by the district's automated phone message system. 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: _____ *Alert Phone: _____ *Alert Phone is used by the district's automated phone message system. Employer: _____ <input type="checkbox"/> Student Primarily Resides with this Guardian.
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OFFICE USE ONLY

Entry Date: _____	Meal ST: _____	ESL: _____	IMMG: _____	Residency: _____
Entry Code: _____	M/V Act: _____	SP: _____	GT: _____	Choice LEA: _____
Curriculum: _____	504: _____	MIG: _____	Homeroom: _____	P/T ADM %: _____

Stuttgart High School Enrollment Form

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ADDITIONAL STUDENT INFORMATION

City of Birth: _____ State of Birth: _____ Birth Country: _____

TRAVEL INFORMATION

Travel To School (Please check one)	Travel From School (Please check one)
<input type="checkbox"/> Bus (Bus Number _____)	<input type="checkbox"/> Bus (Bus Number _____)
<input type="checkbox"/> Drives Self	<input type="checkbox"/> Drives Self
<input type="checkbox"/> Parent/Guardian (Includes walkers, child care vans, etc.)	<input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)
<input type="checkbox"/> District Paid Transportation	<input type="checkbox"/> District Paid Transportation
Distance From Home to School (Miles) One Way: _____	

Pre-School Participation:

A - ARKANSAS BETTER CHANCE

E - EVEN START

EC - EARLY CHILDHOOD

H - HEADSTART

NA - NOT APPLICABLE

C - 21st CENTURY COMMUNITY LEARNING CENTER

O - OTHER

P - PRIVATE PRE-SCHOOL

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.

<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

Is this student a twin (or a triplet, quadruplet, etc.)? Yes No

ADDITIONAL CONTACT INFORMATION

Additional Guardian Contact

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 Code: _____	<input type="checkbox"/> Student Primarily Resides with this Guardian.

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				
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 been retained? 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 ALLOWED to check out/pick up this child from school: _____

Parent/Guardian Signature _____

Date _____

Stuttgart Public Schools
2501 S. Main Street, Stuttgart, AR 72160

Dear Parent/Guardian:

Your child's vision and hearing may be screened by a school nurse this school year. With parental consent, Stuttgart Public Schools can seek federal Medicaid/ARKids First reimbursement for the cost of health services provided for students who have Medicaid/ARKids First.

If your child is covered by Medicaid/ARKids, please complete the form below and return it to the school by October 1, 2022

Your cooperations is greatly appreciated.

In compliance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. §123g; 34 CFR Part 99)

I, _____, give permission for my child, _____'s,
(Parent/Guardian Name) (First and Last name)

Personally identifiable information/student educations records to be disclosed to a Third Party Billing Agent for the purpose of billing Medicaid and/or private insurance.

X

Printed Name of Parent/Guardian

X

Parent/Guardian Signature

X

Date Signed

RESIDENCY FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

List all of your children birth through age 21.

Name of Child	School	Age	Grade	Date of Birth

Parent/Guardian _____

Address _____

City _____

Zip Code _____ Phone Number: _____

Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently lives in (you can choose more than one):

- ☐ House or apartment with parent or guardian
- ☐ Motel, car, or campsite
- ☐ Shelter or other temporary housing
- ☐ With friends or family members (other than or in addition to parent/guardian)
- ☐ Living in inadequate housing (no heat, no water, mold infested, etc.)

If you are living in shared housing, please check all of the following reasons that apply:

- ☐ Loss of housing
- ☐ Economic situation
- ☐ Temporarily waiting for house or apartment
- ☐ Provide care for a family member
- ☐ Living with boyfriend/girlfriend
- ☐ Loss of employment
- ☐ Parent/Guardian is deployed
- ☐ Other (Please explain)

Are you a student living apart from your parents or guardians?

Yes No

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at 870-~~473-8701~~, or the State Coordinator at 501-683-5428.

ext. 1008

Arkansas law provides that anyone who knowingly gives a false residential address for purposes of public school enrollment is guilty of a violation and subject to a fine of up to \$1,000 (Ark. Code Ann. § 6-18-202(f)).

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

Services for McKinney-Vento Identified Students

Student: _____

School: _____

Grade _____

Please check the services needed or desired:

<input type="checkbox"/> Free Lunch
<input type="checkbox"/> Transportation to the school of origin
<input type="checkbox"/> Clothing/Uniform
<input type="checkbox"/> School supplies
<input type="checkbox"/> Counseling
<input type="checkbox"/> Medical/dental referral
<input type="checkbox"/> Vision referral
<input type="checkbox"/> Medicaid/DSHS services -- food stamps
<input type="checkbox"/> Preschool Enrollment records
<input type="checkbox"/> Missing enrollment records
<input type="checkbox"/> Birth certificate

<input type="checkbox"/> Immunization/medical records
<input type="checkbox"/> Tutoring
<input type="checkbox"/> After-school programs
<input type="checkbox"/> Teen Center
<input type="checkbox"/> Mentoring
<input type="checkbox"/> Special Education
<input type="checkbox"/> Gifted/talented
<input type="checkbox"/> Vocational/technical
<input type="checkbox"/> Community resource
<input type="checkbox"/> Prior academic records
<input type="checkbox"/> LEP/Bilingual program
<input type="checkbox"/> Guardianship issues

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

STUTTGART PUBLIC SCHOOLS
2501 SOUTH MAIN
STUTTGART, AR 72160

Name of Student _____

Grade _____ Soc. Sec. # _____

Has your child been enrolled in any of the following areas:
(Please circle all that apply)

Speech: Yes or No

Resource Class: Yes or No

Self-Contained Class: Yes or No

Gifted and Talented: Yes or No

ELL/LEP: Yes or No

504 Plan: Yes or No

Parent/Guardian's Signature

Date



Arkansas Division of Elementary and Secondary Education (DESE) Home Language Usage Survey

The Home Language Usage Survey is completed by *all* students initially enrolling in Arkansas schools.

Student Name:		Grade:	Date:
School:	Student State ID #:	Gender:	Date of Birth:
Parent/Guardian Name:		Parent/Guardian Signature:	
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand. 1. a) In what language do you prefer to receive written communication from the school? _____ b) In what language would you prefer to communicate with school staff when speaking? _____		
Eligibility for Language Development Support Information about the student's language usage helps us identify students who may qualify for extended support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language(s) is (are) spoken in your home? _____ 3. What language did your child learn first? _____ 4. What language does your child use most often at home? _____ 5. What language does your family speak most often at home? _____ 6. What language do adults speak most often with each other at home? _____		
Prior Education Your responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school. <i>This form is not used to identify students' legal immigration status.</i>	7. Where was your child born? _____ 8. When did your child first attend a school in the United States (the 50 states, DC)? (Kindergarten – 12 th grade) _____ Month Day Year 9. Has your child attended a school in Puerto Rico? _____		

Thank you for providing the information needed on the Home Language Usage Survey. Contact your child's school if you have further questions about this form or about services available at your child's school.



Note to district: This form is available in multiple languages on <http://www.arkansased.gov/divisions/learning-services/english-learners>. A response that includes a language other than English to questions #1-6 indicates English language proficiency screening is needed.

This work, "Arkansas Department of Education (ADE), Home Language Survey", is a derivative of "OSPI Home Language Survey" by OSPI, used under CC BY. "Arkansas Department of Education (ADE), Home Language Survey" is licensed under CC BY by the English Learners Unit of the Arkansas Department of Education.

Stuttgart Public Schools

Student Health Information Sheet

Student's Name: _____ Date of Birth: _____ Sex: _____ Grade: _____

Parent/ Guardian: _____ Home/Cell #: _____ Work #: _____

Child's Physician/Specialty Dr.: _____ Phone #: _____

Child's Dentist: _____ Phone #: _____

Please Indicate If Your Child Has Had Any Of The Following By Checking Below:

____ ADD/ADHD	____ Arthritis	____ Asthma	____ Blood Disorder	____ Cerebral Palsy
____ Concussion	____ Diabetes	____ GI Problem	____ Head Injury	____ Hearing Problems
____ Heart Disorder	____ Hepatitis	____ Hypothyroidism	____ Kidney Problems	____ Migraines
____ Scoliosis	____ Seizure Disorder	____ Skin Condition	____ Speech Problems	____ Tuberculosis
____ Urinary Problem	____ Vision Problems	____ Other: _____		

Does your child have ALLERGIES to any Foods, Medications, Insects or Bee Stings? ____ Yes ____ No

Please explain & include treatment: _____

Does the allergy require an EpiPen? ____ Yes ____ NO

❖ If yes, EpiPen & Allergy Action Plan must be provided by 1st day of school. **REQUIRED**

If the student has Asthma, is there an emergency inhaler used? ____ Yes ____ No

❖ If yes, an Inhaler & Asthma Action Plan must be provided by 1st day of school. **REQUIRED**

Please list any daily medications (including home & school). State name, dose, time, frequency, and route

Please list any physical limitations:

Is there anything concerning the health of your child which the school should know in order to give special care: _____

If yes, please specify: _____

Parent/Guardian Signature: _____ Date: _____

By signing this form, I acknowledge the responsibility of providing the school with accurate and updated information and I give my permission to release medical information to appropriate school personnel.

Stuttgart Public School
2501 So. Main
Stuttgart, AR 72160

The following items **MUST** be included in your child(s) registration information. If these items cannot be obtained, your child will not be able to remain in school.

Requirements:

1. **Official Birth Certificate**(or statement by local registrar or county recorder certifying child's date of birth, an attested baptism certificate, passport or an affidavit of date and place of birth by child's parent or guardian).

2. **Proof of Immunizations:**

DPaT/DPT: 4 doses

Or 3 doses for unvaccinated persons 7 years of age and older (Including persons who cannot document prior vaccination). One of the 3 doses (preferable the 1st) should be administered as Tdap.

Tdap: 1 doses

ALL students who are 10 years old by September 1st of each year will be required to have a Tdap.

Polio: 4 Doses

With 1 dose on or after 4th birthday with a minimum of 6 months between the 3rd and 4th doses

MMR: 2 Doses

First dose must be given on/or after child's 1st birthday. Second dose must be given at least 28 days after first dose.

Hepatitis A: 2 Doses

1 dose on/or after 1st birthday is required to start Kindergarten
2nd must be given at least 6 months from the first dose for 1st Grade.

Hepatitis B: 3 Doses

Second dose must be given one month after the first dose. Third dose must be given at least 8 weeks after the second dose, at least 16 weeks after 1st dose, and should not be administered before child is 24 weeks of age.

Varicella (Chicken Pox): 2 Doses

History of disease diagnosed by a physician/healthcare provider may be accepted.

MCV4 (Meningococcal): 2 Doses

One dose for 7th Grade and 2nd dose at 16 years as of September 1st of each year.
If 1st dose is at 16 years or older, no 2nd dose is required.

3. **Social Security Card (Optional)**
4. **Proof of Comprehensive Physical Examination (Kindergarten)**
5. **Proof of Residence**—Must be a recent Utility bill.

Stuttgart High School

Parent Volunteer Survey – Volunteers in Public School

Since the education of our children is a partnership between parents, students, and teachers, we depend heavily on parent assistance to supplement and enrich our school program. Please read this form carefully and indicate ways in which you can help. Many of these activities take only a small amount of time. Some of them may be done at home. Please do what you can. Thank you!

Parent(s) Name:	Address:
Phone Number:	Email Address:
<p>Please check any hobbies or interests that you would like to share:</p> <ul style="list-style-type: none"><input type="checkbox"/> Arts/Crafts<input type="checkbox"/> Computer/Technology<input type="checkbox"/> Cooking/Baking<input type="checkbox"/> Dancing<input type="checkbox"/> Drama/Theater<input type="checkbox"/> Gardening/Agriculture<input type="checkbox"/> Vocal/Instrumental music<input type="checkbox"/> Woodworking<input type="checkbox"/> Photography/Videography<input type="checkbox"/> Poetry<input type="checkbox"/> Science<input type="checkbox"/> Sports/Exercise<input type="checkbox"/> Travel<input type="checkbox"/> Communications<input type="checkbox"/> Collecting/collections(Theme_____)<input type="checkbox"/> Other:	
<p>Please check any of the following activities that might interest you:</p> <ul style="list-style-type: none"><input type="checkbox"/> Participating in PTO<input type="checkbox"/> Participating in fundraising<input type="checkbox"/> Volunteering in a classroom<input type="checkbox"/> Serving on an advisory committee<input type="checkbox"/> Donating requested materials/supplies<input type="checkbox"/> Participating in campus cleanup<input type="checkbox"/> Serving as a translator (Language:_____)<input type="checkbox"/> Sharing information on your culture/language/hobby/job<input type="checkbox"/> Teacher Appreciation Week<input type="checkbox"/> Other:_____	
When are you able to participate? _____Anytime _____Days _____Evenings _____Weekends	

Please return to the survey collection box in the lobby or in front of the library.

RECEIPT OF STUDENT HANDBOOK

Dear Student and Parent:

This handbook has been prepared to provide you with information that you need so that you are familiar with the policies, procedures and expectations of Stuttgart Public School District. This handbook is in compliance with current laws governing Arkansas public schools and the adopted board policies of the Stuttgart Public School District. In the event that there is a conflict between the local school parent/student handbook and the district board policy, the one with the more recently adopted language will be considered binding and controlling on the matter.

This handbook has been prepared for the purpose of outlining for you the expectations of Stuttgart Public School District in regard to student conduct, and providing you with information concerning the operation of the total school program.

Stuttgart School District will provide electronic handbooks. Handbooks will be available online at www.stuttgartschools.org. Parents/guardians who do not have electronic devices to access the online handbook or who wish to receive a paper copy may do so by requesting one from your student's building.

Students who lose their paper copy handbook may purchase additional handbooks for \$5.00 a copy.

Please make sure you receive a packet of information documents to sign and return to school. We must have all of these documents on file for each student in our district.

The signatures below reflect the individuals acknowledge they have received a Stuttgart School District Parent/Student handbook (either electronic or paper) with the following policies:

1. Homework
2. Discipline Policy/Student Behavior
3. Weapons and Firearms
4. Attendance and Absences
5. Retention
6. Bus Policy
7. Bullying
8. Title I Parent/Community Involvement
9. Parent Compact
10. Objection to Media of Directory Material
11. Internet Use
12. Photo Display
13. Participation of Surveys
14. Medication
15. Grading

We have received a Stuttgart Public School District Handbook (either electronically or paper), and a packet of required information documents to sign and return to school. In addition, we are aware we should review section 4 of the Stuttgart School District policy manual located on the district's website for additional information regarding district student policies.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

ACCEPTANCE OF STUTTGART SCHOOL BOARD POLICY'S SUMMARIES

I acknowledge that I have been given a paper or electronic copy or provided a link to of the Stuttgart Parent/Student Handbook where these policies are written in full. Please read the policy summaries below and check the appropriate box.

4.13F-OBJECTION TO PUBLICATION OF DIRECTORY INFORMATION (summary)

Deny to Disclosure to Military recruiters _____

Deny disclosure to Institutions of postsecondary education _____

Deny disclosure to Potential employers _____

Deny disclosure to ALL public and school sources _____

Deny disclosure to ALL PUBLIC SOURCES (but permit the students directory information to be included in the school's yearbook and other school publications _____

4.29F- STUDENT INTERNET USE AGREEMENT

We, the persons who have signed below, have been given a copy either by paper or electronic format of the Student Internet Use Agreement in the Stuttgart Parent/Student Handbook and agree to be bound by the terms and conditions of this agreement.

☐ Agree ☐ Disagree

5.20F1-PERMISSION TO DISPLAY PHOTO OF STUDENT ON WEB SITE

We, the persons who have signed below, have been given a copy either by paper or electronic format of the 5.20F1 Permission to Display Photo of Student on Web Site in the Stuttgart Parent/Student Handbook and grant permission to the Stuttgart School District to display the photograph or video clip of my student (if under the age of 18) on the district's web site, including any page on the site, or in other district publications.

☐ Agree ☐ Disagree

5.24F1-PERMISSION TO PARTICIPATE IN A SURVEY, ANALYSIS, OR EVALUATION

I, the undersigned, parent or guardian of a student, hereby grant permission for the student to participate in a survey, analysis, or evaluation.

☐ Agree ☐ Disagree

This will remain in effect until I am provided written notice of policy changes or I withdraw my agreement in writing.

Name of Student (Printed)

Signature of Parent/Guardian

Date

Local Education Agency

Parental Notice to Access Public Insurance

This notice is to inform you of your rights and protections under Part B of the Individuals with Disabilities Education Act (IDEA), as a parent of a child with a disability, so that you can make an informed decision about whether you should give consent to allow the school district to access your or your child's public benefits or insurance, such as Medicaid, to help pay for health services provided by the school district. This notice must be provided before the school district obtains your consent for the first time and annually thereafter. These rights include:

1. Your Child's Confidential Information Cannot be Disclosed Without Your Consent- under the Family Educational Rights and Privacy Act (FERPA) and the IDEA, parental consent must be obtained before the school district discloses your child's personally identifiable information to the Department of Human Services, Division of Medical Services, Arkansas Medicaid, or Medicaid billing agencies, for the purpose of billing for Medicaid reimbursement. The personally identifiable information that may be disclosed could include: student's name, date of birth, social security number, Medicaid ID, disability, IEP and evaluations, type of service(s), times and dates services were delivered, and progress notes.

2. Your Child Has a Right to Special Education and Related Services at No Cost to You – this means that, with regard to services required to provide a Free Appropriate Public Education (FAPE) to an eligible child under IDEA, the school district:

- May not require parents to sign up for, or enroll in, public benefits or insurance programs in order for their child to receive FAPE;
- May not require parents to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services provided, but may pay the cost that the parents otherwise would be required to pay;
- May not use a child's benefits under a public benefits or insurance program if that use would:
 - Decrease available lifetime coverage or any other insured benefit;
 - Result in the family paying for services that would otherwise be covered by the public benefits or insurance program and that are required for the child outside of the time the child is in school;
 - Increase premiums or lead to the discontinuance of benefits or insurance; or
 - Risk loss of eligibility for home and community-based waivers, based on total health-related expenditures.

3. You May Withdraw Consent at Any Time – once you have given consent for disclosure of confidential information about your child to the Department of Human Services, Division of Medical Services, Arkansas Medicaid, or Medicaid billing agencies, you have a legal right under the FERPA and IDEA regulations to withdraw that consent at any time.

4. If You Refuse Consent, or Withdraw Consent, the School District Must Still Provide Required Services at No Cost to You – if you refuse to provide consent for the disclosure of personally identifiable information for the purpose of billing Medicaid, or, if you give consent but then later withdraw consent, that does not relieve the school district of its responsibility to ensure that all required services under IDEA are provided at no cost to the parents.

AGRICULTURE SURVEY / ENCUESTA DE AGRICULTURA

Your child may qualify to receive: free school supplies, free school meals, free books, free high school credits through correspondence, college scholarships, a free year of college at selected sites, limited health services

Please answer	YES	NO
In the last 3 years (including summer), did you or a family member leave home/ move/ go stay elsewhere for more than a week to look for or get work in agriculture or fishing work? (See list of examples below)		

If you answered "NO", please sign and date the bottom of form and return. No further information is needed.

Su hijo puede calificar para recibir: útiles escolares gratis, comida en la escuela gratis, libros gratis, créditos para la secundaria por correspondencia gratis, becas para la Universidad, un año de Universidad gratis en sitios seleccionados, servicios de salud limitados

Por favor, responda	SI	NO
En los últimos 3 años (incluyendo el verano), ¿usted o algún miembro de su familia se fue de su casa/mudo/vivió en otro lugar por mas de una semana para buscar u obtener trabajo de agricultura o en granjas de peces?		

Si su respuesta es "NO", por favor firme y feche la parte de abajo de la forma y devuélvala. No se necesita mas información.

If "YES", please sign and date and provide the following information:

Moved from: _____

Check all that apply:	Date:
<input type="checkbox"/> Chicken or Meat Processing Plant	_____
<input type="checkbox"/> Chicken Houses (catching, caring for chickens, picking up eggs)	_____
<input type="checkbox"/> Caring for Livestock	_____
<input type="checkbox"/> Farming (planting, fertilizing, harvesting crops, cutting and bailing hay, etc.)	_____
<input type="checkbox"/> Nurseries (plants or trees)	_____
<input type="checkbox"/> Cotton Gin	_____
<input type="checkbox"/> Granary or Seed Companies	_____
<input type="checkbox"/> Fruit Harvesting (watermelons, picking berries)	_____
<input type="checkbox"/> Fish Farms	_____
<input type="checkbox"/> Timber Work (clearing land, skidding logs, planting, thinning, or harvesting trees)	_____
<input type="checkbox"/> Wood Processing (sorting, trimming, splitting logs, cutting lumber ie: pallet, chip, sawmills)	_____

Student Name:	Grade:
Parent Name:	
Contact Phone:	
Address (no P.O. Box):	City:

Add any remaining children on back of form

Si su respuesta es "Si", por favor de firmar y proveer la siguiente información:

De donde se movió: _____

Marque todo lo que aplique:	Fecha:
<input type="checkbox"/> Plantas procesadoras de pollo o carne	_____
<input type="checkbox"/> Granjas de pollo (agarrando, criando pollos, o levantando huevo)	_____
<input type="checkbox"/> Cuidando ganado	_____
<input type="checkbox"/> Agricultura (plantando, cosechando cultivos, cortando y empacando heno etc...)	_____
<input type="checkbox"/> Viveros (plantas o arboles)	_____
<input type="checkbox"/> Pisca de algodón	_____
<input type="checkbox"/> Graneros o compañías de semilla	_____
<input type="checkbox"/> Cosecha de fruta (sandia o recogiendo bayas)	_____
<input type="checkbox"/> Granjas de peces	_____
<input type="checkbox"/> Trabajo de Madera (limpiar la tierra, derrapar troncos, sembrar o cortar arboles)	_____
<input type="checkbox"/> Procesamiento de madera (clasificando, podando, corte de troncos, corte de madera es decir: paletas de madera, astillando madera, aserraderos)	_____

Nombre del estudiante:	Grado:
Nombre del Padre:	
Teléfono de contacto:	
Dirección Física (no P.O. Box):	Ciudad:

Agregue los nombres de sus otros niño atrás de esta forma.

Parent Signature (Firma del Padre):

Date (Fecha):

SHS Student Electronic Device Agreement

The Stuttgart School District Board of Education has approved an electronic device policy which permits the use of electronic devices in our schools for educational purposes. The purpose of the policy is to recognize the value of these tools in an educational environment and to allow teachers the flexibility to make use of student personal devices for educational work in the classroom. Teachers will have ultimate control of how and when the devices will be used in the individual classrooms.

By signing this agreement which allows you child(ren) to bring a device to school, you are agreeing to abide by the following requirements. Any violation of this agreement may result in suspension of this privilege and/or disciplinary action.

1. The sole purpose for the use of an electronic device during the school day is for **educational** reasons.
2. The electronic device is only to be used during the instructional class period with express permission of the classroom teacher. This may mean that the device will be permitted for some instructional activities but not for all.
3. Students must comply with all district policies and procedures. Please review the link to district policies associated with BYOD prior to signing this form.
4. Students and parents must recognize that all electronic devices are brought to school at the owner's risk. SDS is not responsible for theft or damage to the electronic device.
5. If your child is on a non-educational site, they will no longer be allowed to bring their own device. The student will be required to use a school issued device.

My child and I have reviewed and consent to the electronic device information and policies above:

Student Name: _____ Grade: _____
(please print)

Student Signature: _____ Date: _____

Parent/Guardian Name: _____
(please print)

Parent/Guardian Signature _____ Date: _____

Electronic device - Chromebook/iPad Use Permission Form

RETURN THIS SIGNED FORM TO THE CAMPUS OFFICE

This agreement is between Stuttgart School District (SSD), the student and the parent/guardian.

Any parent/guardian who wishes for their child to use a Stuttgart School provided "technology device" (Chromebook, iPad, Laptop, etc.), must read and sign this agreement. Parents and students who sign this form agree to all technology, computer, and internet use handbook policies, as well as, the following:

- The student takes full responsibility for the district provided technology device and shall keep it with him or herself at all times. SSD is not responsible for the security of devices.
- The guardian or student will be liable for payment of all damages (accidental and/or intentional) to and/or loss of the district technology device. A new device will not be reissued to students until damages and/or losses are paid to Stuttgart School District.
- Estimated costs (subject to change) for Chromebook/iPad parts and replacements:

Chromebook replacement -	\$260.00
System board-	\$120.00
LCD panel/screen –	\$37.00
Keyboard (including removed, missing or damaged keys) -	\$45.00
Charger -	\$33.00
Protective Case-	\$30.00
iPad repairs-	\$130.00 – \$275.00
iPad replacement-	\$330.00
- The student shall not attempt to repair a school owned device.
- Violations of any board policies, administrative procedures, or school rule involving a personally owned or school-issued device may result in the loss of use of the device in school and/or disciplinary action.
- Student's use of district provided technology device will be subject to The Student Internet Acceptable Use policy whether device is on campus or offsite.
- Students who need to have their district provided technology device repaired or replaced should report this to their teacher or other school personnel in charge of technology. Case by case determination will be made as to whether a loaner device is allowed.

Content Filter

The school utilizes an Internet content filter that complies with the federal mandated Children's Internet Protection Act (CIPA). All district technology devices (whether used on campus or offsite), will have internet activity filtered and logged. SSD cannot guarantee that access to all inappropriate sites will be blocked. No filter is as reliable as adult supervision.

No Expectation of Privacy

Students have no expectation of confidentiality or privacy with respect to school-issued technology device regardless of whether that use is for school-related or personal purposes, other than as specifically provided by law. The school may, without prior notice or consent, log, supervise, access, view, monitor and record use of student devices at any time for any reason related to the operation of the school. By using a district provided technology device, students agree to such access, monitoring, and recording of their use.

Please follow these steps to minimize the risk of damage to your school assigned device:

Exposure to liquids

- Keep liquids away from your Chromebook. Liquids poured or spilled on your Chromebook will cause permanent damage to internal electronics.

Dropping

- Though your Chromebook is in a protective case, every effort should be made to avoid dropping it. Dropping may cause damage to internal parts or lead to a broken screen or other damage.
- Keep your Chromebook away from the edges of tables and desks.
- If walking away from your desk, make sure you don't get up from your desk while you are still wearing headphones or earbuds that are still plugged into the Chromebook.

The Screen

- Your Chromebook's LCD Display is a sensitive component. If you drop your Chromebook, slam the lid shut, and/or expose it to excessive pressure or weight, it may crack.
- Make sure you don't have anything between the screen and keyboard as you close the case.
- Make sure you don't put anything between the device and the case it resides in.
- Don't place items on top of your Chromebook as the weight can cause damage to the screen.

Carrying

- DO NOT CARRY THE CHROMEBOOK ONE-HANDED, be sure to use both hands if you are moving your Chromebook when it is in the open position.
- Never lift or carry your Chromebook by the screen as you can break the screen. Placing your fingers on the screen and squeezing can cause a break. It's safer to close the Chromebook before moving.
- Don't squeeze your Chromebook case. Doing so can cause damage to the screen.

Student Expectations

I Promise to...

- be responsible for my Chromebook at all times
- immediately report technical problems with my district provided technology device (iPad, chromebook, etc.) to the Library Media Specialist
- charge my district provided technology device (iPad, chromebook, etc.) each evening. Bring the technology device to school fully charged
- not loan my technology device, charger, or case to another student for any reason

Parent Expectations

1. Remember that while the school system will provide Internet content filtering, ***there is no substitute for parental supervision when using a computer.***
2. Monitor student use of the technology device and Internet at home.
3. Ensure your child understands and adheres Internet policies and the guidelines set forth in this use agreement.
4. Sign the agreement.

5. If the device is intentionally damaged, parents will reimburse Stuttgart School District per school policy for any costs incurred due to misuse, neglect, damage, or loss, including theft, up to the full replacement cost of the device.
6. Review Stuttgart School District's Acceptable Internet Use Policy, and the conditions of this use agreement.
7. Ensure the return of the device and all accessories in good working condition at the end of the current school year or before the student withdraws from school.

Print Student's name: _____

Print Parent's name: _____

I understand and will abide by the conditions of this policy as well as the Acceptable Internet Use Policy in the Student Handbook. I further understand that any violation of these policies may result in the loss of device privileges as well as other disciplinary action.

Student's Signature

_____/_____/_____
Date

As a parent/guardian, I understand that my child will be responsible for abiding by these conditions of this policy, as well as, the Acceptable Internet Use Policy in the Student Handbook. I have read and discussed them with her/him and they understand the responsibility they have in the use of any district provided technology device.

Parent/Guardian's Signature

_____/_____/_____
Date

Arkansas Department of Education

Please complete/update the following survey and return the form to your child's school.

DIGITAL EQUITY SURVEY

1. Does this child have Internet Access at home? ☒ Yes ☐ No
2. If there is no Internet Access, what is the reason this child does NOT have internet Access?
☐ Not Available
☐ Not-Affordable
☐ Other
☐ NA -Not Applicable
3. What type of Internet Access does this child have? (Select one of the following)

<input type="checkbox"/> Residential Broadband	<input type="checkbox"/> Dial-up
<input type="checkbox"/> Cellular Network	<input type="checkbox"/> Other
<input type="checkbox"/> Hotspot	<input type="checkbox"/> None
<input type="checkbox"/> Community Provided Wi-Fi	<input type="checkbox"/> Unknown
<input type="checkbox"/> Satellite	
4. Is the Internet Performance acceptable for learning activities? (Select one of the following)
☐ Yes - experiences very few or no interruptions in learning activities caused by poor internet performance in the primary place of residence
☐ Sometimes - regularly experiences interruptions in learning activities internet caused by poor internet performance in their primary place of residence
☐ No - unable to complete learning activities due to poor internet performance in their primary place of residence
5. What type of device does this child use most often to complete learning activities away from school? (Select one of the following)

<input type="checkbox"/> Desktop Computer	<input type="checkbox"/> Smartphone
<input type="checkbox"/> Laptop Computer	<input type="checkbox"/> None
<input type="checkbox"/> Tablet	<input type="checkbox"/> Other
<input type="checkbox"/> Chromebook	
6. What is the source of this primary learning device?
☐ District Provided
☐ Personal
☐ Other
7. What is the child's access to this primary learning device? (Select one of the following)
☐ Shared
☐ Not Shared

Stuttgart Public Schools 2022-2023

July							Students First Day							January													
S	M	T	W	Th	F	S	First Day for Students - August 15, 2022 First Day Second Semester - January 4, 2023							S	M	T	W	Th	F	S							
					1	2								1	2	3	4	5	6	7							
3	4	5	6	7	8	9								8	9	10	11	12	13	14							
10	11	12	13	14	15	16								15	16	17	18	19	20	21							
17	18	19	20	21	22	23								22	23	24	25	26	27	28							
24	25	26	27	28	29	30								29	30	31											
31	20													19/20													
August							Student Holiday							February													
S	M	T	W	Th	F	S	Labor Day - September 5, 2022 October 17 2022 Thanksgiving Break- November 21- 25, 2022 Christmas Break - December 21, 2022 - January 4, 2023 Martin Luther King - January 16, 2023 President's Day - February 20, 2023 Spring Break - March 20-24, 2023 April 7, 10, 2023 Memorial Day- May 29, 2023							S	M	T	W	Th	F	S							
	1	2	3	4	5	6											1	2	3	4							
7	8	9	10	11	12	13								5	6	7	8	9	10	11							
14	15	16	17	18	19	20								12	13	14	15	16	17	18							
21	22	23	24	25	26	27								19	20	21	22	23	24	25							
28	29	30	31											26	27	28											
13/18							Interim							End of Quarter							18/20						
							13-Sep-22							12-Oct-22													
							16-Nov-22							20-Dec-22													
							9-Feb-23							15-Mar-23													
							25-Apr-23							26-May-23													
September							Parent/Teacher Conference							March													
S	M	T	W	Th	F	S	October 25, 2022 2:00pm-7:00pm February 16, 2023 2:00pm-7:00pm							S	M	T	W	Th	F	S							
				1	2	3											1	2	3	4							
4	5	6	7	8	9	10								5	6	7	8	9	10	11							
11	12	13	14	15	16	17								12	13	14	15	16	17	18							
18	19	20	21	22	23	24								19	20	21	22	23	24	25							
25	26	27	28	29	30									26	27	28	29	30	31								
21/21														18/18													
October							Homecoming October 14, 2022 Graduation May TBA							April													
S	M	T	W	Th	F	S	Student Days 1st Qtr 42 Student Days 2nd Qtr 43 Student Days 1st Sem 85							S	M	T	W	Th	F	S							
						1	Student Days in 3rd Qtr 48 Student Days in 4th Qtr 45 Student Days in 2nd Sem 93													1							
2	3	4	5	6	7	8								2	3	4	5	6	7	8							
9	10	11	12	13	14	15								9	10	11	12	13	14	15							
16	17	18	19	20	21	22								16	17	18	19	20	21	22							
23	24	25	26	27	28	29								23	24	25	26	27	28	29							
30	31													30													
20/21							Professional Development /Work Days (Students do not attend on Prof Dev Days/work days) Required PD DAYS August 8, 9, 10, 11, and January 3 SWAP PD DAYS Aug. 12, Nov. 21, Feb. 17, Apr. 10, and May 30							18/19													
November							Early Dismissal Days							May													
S	M	T	W	Th	F	S	First Wednesday of each month (excluding January) will be a 2 hour early dismissal day for professional development.							S	M	T	W	Th	F	S							
		1	2	3	4	5									1	2	3	4	5	6							
6	7	8	9	10	11	12								7	8	9	10	11	12	13							
13	14	15	16	17	18	19								14	15	16	17	18	19	20							
20	21	22	23	24	25	26								21	22	23	24	25	26	27							
27	28	29	30											28	29	30	31										
17/18														20/21													
December														June													
S	M	T	W	Th	F	S								S	M	T	W	Th	F	S							
				1	2	3												1	2	3							
4	5	6	7	8	9	10								4	5	6	7	8	9	10							
11	12	13	14	15	16	17								11	12	13	14	15	16	17							
18	19	20	21	22	23	24								18	19	20	21	22	23	24							
25	26	27	28	29	30	31								25	26	27	28	29	30								
14/14														22													
Any days missed due to inclement weather or natural disaster will either be approved AMI days or made up on the following days: May 30, 31, June 1, 2, 5. If additional days are required, the days will be added to the end.																											

Any days missed due to inclement weather or natural disaster will either be approved AMI days or made up on the following days:
 May 30, 31, June 1, 2, 5. If additional days are required, the days will be added to the end.