



It is the parent/guardian(s) responsibility to supply the school with the items for the student to be enrolled

STUDENTS 1 st – 12 th Grade REQUIRED FORMS	STUDENTS KINDERGARTEN (K) REQUIRED FORMS
<p>Registration Forms:</p> <p><input type="checkbox"/> Student Registration Form</p> <p><input type="checkbox"/> Home Language Form</p> <p><input type="checkbox"/> Educational History Transfer Form</p> <p><input type="checkbox"/> Records Release Form</p> <p><input type="checkbox"/> Student Health Form</p> <p><input type="checkbox"/> Proof of Residency</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Immunization Record</p> <p><input type="checkbox"/> *Students Social Security Card</p> <p>Handbook Forms:</p> <p><input type="checkbox"/> Media Release Form</p> <p><input type="checkbox"/> Smart Core Informed Consent Form</p> <p><input type="checkbox"/> Computer Assisted Instruction Agreement</p> <p><input type="checkbox"/> Anti-Bullying Policy</p> <p><input type="checkbox"/> Statement of Responsibility</p> <p><input type="checkbox"/> *Chromebook Agreement Form (6th-12th)</p> <p>Other Forms:</p> <p><input type="checkbox"/> Agricultural Survey Form</p> <p><input type="checkbox"/> AAA Eligibility (7th-12th)</p> <p><input type="checkbox"/> Free and Reduced Lunch Form</p>	<p>Registration Forms:</p> <p><input type="checkbox"/> Student Registration Form</p> <p><input type="checkbox"/> Home Language Form</p> <p><input type="checkbox"/> Educational History Transfer Form</p> <p><input type="checkbox"/> Records Release Form (if attended Pre-K)</p> <p><input type="checkbox"/> Student Health Form</p> <p><input type="checkbox"/> Proof of Residency</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Immunization Record</p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> *Students Social Security Card</p> <p>Handbook Forms:</p> <p><input type="checkbox"/> Media Release Form</p> <p><input type="checkbox"/> Smart Core Informed Consent Form</p> <p><input type="checkbox"/> Computer Assisted Instruction Agreement</p> <p><input type="checkbox"/> Anti-Bullying Policy</p> <p><input type="checkbox"/> Statement of Responsibility</p> <p>Other Forms:</p> <p><input type="checkbox"/> Agricultural Survey Form</p> <p><input type="checkbox"/> Free and Reduced Lunch Form</p>
<p>Items not marked are considered Missing</p>	<p>Items not marked are considered Missing</p>

Proof of Residency - Current utility bill (Water/Gas/Electric– NO Phone or Cable), Base Housing, Lease Agreement, Purchase Contract. **Homeless students do not require proof of residence**

Birth Certificate – Hospital Birth Certificate must have SEAL, baptismal certificate, passport, affidavit, Military ID

Social Security Number – Will assign student a state generated 900 number in the event the student’s SSN is not supplied

Legal documents – Custody documentation or documentation pertaining to special services student receives (i.e. IEP/504)

**If you have any further questions please
 Contact Your Child’s School**

Jacksonville-North Pulaski School District

District Approved Student Enrollment Form

GENERAL STUDENT INFORMATION

FIRST NAME: _____	MIDDLE NAME: _____	LAST NAME: _____
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Required information for student enrollment

Birthdate: _____	Gender: (Please Circle One) Female Male
Nickname: _____	Grade: _____
SSN: _____	Hispanic/Latino Ethnicity: (Please Circle One) Yes or No

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

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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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 (Meal Status = 01 / Curriculum = RG / Residency = R or N / Transported = T or N)				
Entry Date: _____	Meal ST: _____	ESL: _____	IMMG: _____	Residency: _____
Entry Code: _____	M/V Act: _____	IEP: _____	GT: _____	Transported: _____
Curriculum: _____	504: _____	MIG: _____	Homeroom: _____	P/T ADM %: _____

Student ID: _____
Teacher: _____

ADDITIONAL STUDENT INFORMATION

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

TRAVEL INFORMATION

<p>How will the Student Travel To School (Please check one)</p> <p><input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Drives Self</p> <p><input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)</p>	<p>How will the Student Travel From School (Please check one)</p> <p><input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Drives Self</p> <p><input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)</p>
<p>School Bus Transportation Information can be found at jnpsd.org</p>	

Pre-School Participation:

A - ARKANSAS BETTER CHANCE	H - HEADSTART	O - OTHER
E - EVEN START	NA - NOT APPLICABLE	P - PRIVATE PRE-SCHOOL
EC - EARLY CHILDHOOD	C - 21st CENTURY COMMUNITY LEARNING CENTER	PS - PUBLIC SCHOOL PRE-SCHOOL

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

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

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

List of People Allowed to Obtain Information from School about Your Scholar, this will also be considered an Emergency Contact as well.

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: _____

SIBLINGS ATTENDING JNPSD

Sibling Information (Siblings attending JNPSD)				
Siblings	Siblings Name	Relationship to Child	School Attending	Sibling Grade Level
1				
2				
3				
4				
5				

Last School Attended: _____ City and State : _____

Did this child have an IEP at previous school? Yes No (Please Circle One)

Did this child have a 504 Plan at previous school? Yes No (Please Circle One)

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

Has this child been retained? Yes No (Please Circle One)

Has this child met the requirements of the Arkansas State Health laws necessary to enter school? Yes No (Please Circle One)

Please list the names of anyone who IS ALLOWED to check out/pick up this child from school: _____

Parent/Guardian Signature _____

Date _____

Student ID: _____
Teacher: _____

Jacksonville-North Pulaski School District

INFORMACIÓN GENERAL DEL ESTUDIANTE

NOMBRE (FIRST NAME):	2DO NOMBRE (MIDDLE NAME):	APELLIDO PATERNO (LAST NAME):
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(Birthdate) Fecha de nacimiento: _____	(Gender) Genero: _____	(Female) Mujer _____	(Male) Hombre _____
(Nickname) Apodo: _____	(Grade) Grado: _____		
(SSN) Número de seguro social-opcional: _____	(Hispanic/Latino Ethnicity) Etnicidad hispana: _____ Si _____ No		

RAZA (RACE) Por favor conteste lo siguiente de acuerdo con los normas emitidas por el Departamento de Educación de U.S.

RAZA PRINCIPAL (PRIMARY RACE) (Por favor seleccione sólo **UNA**).

Indio Americano o Nativo de Alaska (Una persona que tiene orígenes de cualquier gente original del Norte o Sur América, incluyendo Centro América, y los que mantienen afiliación tribal o lazo comunitario)

Asiático (Persona con origen de cualquier gente original de Medio Oriente, Asia Sureste, o del sub-continente Indio incluyendo, por ejemplo Camboya, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia, y Vietnam)

Negro o Afro Americano (Persona con origen de cualquier grupo de raza negra Africana)

Hawaiano Nativo u Otro Isleño Pacífico (Persona con origen de cualquier gente de Hawái, Guam, Samoa, u otra Isla Pacífica)

Blanco (Persona con origen de cualquier gente original de Europa, o del Medio Oriente o África del Norte)

RAZAS ADICIONALES (ADDITIONAL RACES) (marque las que correspondan):

_____ Indio Americano o Nativo de Alaska _____ Asiático _____ Negro o Afro Americano

_____ Hawaiano Nativo u Otro Isleño Pacífico _____ Blanco

(Home Language) Idioma principal hablado en casa: _____	(Student Email) Correo electrónico del estudiante: _____
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Dirección física de Estudiante (911) (Student Physical Address)	Dirección de Correspondencia del estudiante (Student Mailing Address)
(Address) Dirección: _____ (City) Ciudad: _____ (State) (Zip Code) Estado: _____ Código postal: _____	<input type="checkbox"/> Igual a la dirección física (Mailing Same As Physical Address) (Address) Dirección: _____ (City) Ciudad: _____ (State) (Zip Code) Estado: _____ Código postal: _____

Numero de la casa de estudiante (Student Home Phone): _____	Numero de celular de estudiante (Student Cell Phone): _____
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INFORMACIÓN DE CONTACTO DEL PADRE/TUTOR

Padre/Tutor 1 (Parent/Guardian 1)	Padre/Tutor 2 (Parent/Guardian 2)
(Name) Nombre: _____ (Relationship to Student) Relación al estudiante: _____ (Correspondence Language) Idioma de la correspondencia: _____ (Mailing Address) Dirección de correspondencia: _____ (City) Ciudad: _____ (State) (Zip Code) Estado: _____ Código postal: _____ (Email) Correo electrónico: _____ (Home Phone) (Cell Phone) Número de casa: _____ Numero celular: _____ (Work Phone) (Alert Phone) Número del trabajo: _____ *Numero de alerta: _____ *El número de alerta se usa por el sistema automatizado de mensajes del distrito. (Employer) Empleador: _____ <input type="checkbox"/> Residencia principal con este tutor. (Living With)	(Name) Nombre: _____ (Relationship to Student) Relación al estudiante: _____ (Correspondence Language) Idioma de la correspondencia: _____ (Mailing Address) Dirección de correspondencia: _____ (City) Ciudad: _____ (State) (Zip Code) Estado: _____ Código postal: _____ (Email) Correo electrónico: _____ (Home Phone) (Cell Phone) Número de casa: _____ Numero celular: _____ (Work Phone) (Alert Phone) Número del trabajo: _____ *Numero de alerta: _____ *El número de alerta se usa por el sistema automatizado de mensajes del distrito. (Employer) Empleador: _____ <input type="checkbox"/> Residencia principal con este tutor. (Living With)

USO DE LA OFICINA SOLAMENTE

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

Student ID: _____

Teacher: _____

Ciudad de nacimiento: _____ Estado de nacimiento: _____ País de nacimiento: _____
(City of Birth) (State of Birth) (Birth Country)

INFORMACIÓN DE VIAJE

¿Cómo va a viajar el estudiante a la escuela? (Travel To School)	¿Cómo va a viajar el estudiante de la escuela (Travel From School)
___ Bus	___ Bus
___ Maneja su propio auto (Drives Self)	___ Maneja su propio auto (Drives Self)
___ Padre/tutor (incluye los que caminan, cuidado de niños camionetas, u otros.)	___ Padre/tutor (incluye los que caminan, cuidado de niños camionetas, u otros.)

Información sobre el transporte escolar a jnpsd.org

Participación Pre-Escolar: (Pre-School Participation)

A - ARKANSAS BETTER CHANCE	H - HEADSTART	O - OTRO
E - EVEN START	NA - NO APLICA	P - PRE-ESCOLAR PRIVADO
EC - EARLY CHILDHOOD	C - 21st CENTURY COMMUNITY LEARNING CENTER	PS - PRE-ESCOLAR PUBLICO

Este estudiante es gemelo, trillizo, cuádruple, etc. (Twin, Triplet, etc.) Si No
(Birth Certificate #) (Resident County)

Acta de nacimiento: _____ Condado donde Reside: _____

¿Este es niño dependiente de miembro activo o en reserva de una rama de los Servicios Armados de los Estados Unidos? (Armed Service Member) Si No

Si este niño reside en un hogar con un miembro activo o en las reservas de una rama de los Servicios Armados de los EEUU, elija la rama abajo.

___ Servicio Activo – US Army	___ Servicio Activo – US Air Force	___ Servicio Activo – US Navy	___ Servicio Activo – US Marines
___ Servicio Activo – US Coast Guard	___ Reservas – US Army	___ Reservas – US Air Force	___ Reservas – US Navy
___ Reservas – US Marines	___ Guardia Nacional – US Army	___ Guardia Nacional – US Air Force	___ Padres sirven en varias ramas (Multiple Branches)

Lista de personas con permiso para obtener información de la escuela sobre su escolar, esto también se considerará un contacto de emergencia.

Orden de Contacto	(Name)Nombre	(Relationship)Relación al Estudiante	(Phone #)Teléfono	Tipo de Teléfono (Casa, Celular, Trabajo)
1				
2				
3				
4				
5				

(Physician) Medico: _____	(Physician) Medico: _____
(Physician Phone) Número telefónico del médico: _____	(Physician Phone) Número telefónico del médico: _____

(Medical concerns/Medications) Por favor liste cualquier inquietud médica o medicamentos de su hijo: _____

Los hermanos Asistentes JNPSD

	(Siblings Name) Nombre hermanos	(Relationship to Child) Relación con el niño	(School Attending) Asistiendo a la escuela	(Grade Level) Nivel de grado
1				
2				
3				
4				
5				

(Last School Attended)Última escuela asistida: _____ (Address) Dirección: _____

¿Este niño tiene un IEP en la escuela anterior? Sí No (por favor, rodee con un círculo)

¿Este niño tiene un Plan 504 en la escuela anterior? Sí No (por favor, rodee con un círculo)

¿Este estudiante ha sido expulsado o ha sido parte de un proceso de expulsión escolar en cualquier otro distrito escolar? (Expelled from another district) Si No

¿Este niño ha sido retenido? (Retained) Si No

¿Este niño llena los requisitos de la ley de Salud Estatal de Arkansas necesaria para ingresar a la escuela? (Met state health laws) Si No

Por favor liste los nombres de cualquiera que está permitido para registrar salida/llevarse a este niño de la escuela (Allowed to pick up child)

Firma del Padre/Tutor **Fecha**

Student ID: _____
Teacher: _____



Arkansas Department of Education (ADE) 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' immigration status.</i>		7. Where was your child born? _____ 8. When did your child first attend a school in the United States (this includes all US territories)? (Kindergarten – 12 th grade) _____ Month Day Year	

Thank you for providing the information needed on the Home Language 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.



Departamento de Educación de Arkansas (ADE)
Encuesta sobre el uso de los idiomas en el hogar

Todos los estudiantes que se inscriben por primera vez en las escuelas de Arkansas deben llenar la encuesta sobre el uso de los idiomas en el hogar.

Nombre del estudiante:		Grado:	Fecha:
Escuela:	Nro. de ID del estado del estudiante:	Sexo:	Fecha de nacimiento:
Nombre del padre/tutor:		Firma del padre/tutor:	
<p>Derecho a servicios de traducción e interpretación Indique el idioma de su preferencia para que podamos ofrecerle un intérprete o documentos traducidos sin costo alguno, cuando los necesite.</p>	<p>Todos los padres tienen derecho a estar informados sobre la educación de sus hijos en un idioma que puedan entender.</p> <p>1. a) ¿En qué idioma prefiere recibir los mensajes escritos de la escuela? _____ b) ¿En qué idioma preferiría comunicarse de forma oral con el personal de la escuela? _____</p>		
<p>Elegibilidad para apoyo de desarrollo lingüístico La información sobre el uso del idioma del estudiante nos ayuda a identificar a aquellos que puedan ser elegibles para recibir apoyo prolongado para desarrollar las habilidades lingüísticas necesarias para el éxito académico. Es posible que se requiera realizar pruebas para determinar si el apoyo lingüístico es necesario.</p>	<p>2. ¿Qué idiomas se hablan en casa? _____</p> <p>3. ¿Qué idioma aprendió primero su hijo? _____</p> <p>4. ¿Qué idioma usa su hijo con mayor frecuencia en el hogar? _____</p> <p>5. ¿Qué idioma habla su familia con mayor frecuencia en el hogar? _____</p> <p>6. ¿Qué idioma hablan los adultos entre sí con mayor frecuencia en el hogar? _____</p>		
<p>Educación previa Sus respuestas sobre el país natal y la educación previa de su hijo nos brindan información sobre el conocimiento y las habilidades que el estudiante trae a la escuela. Este formulario no se usa para identificar la situación migratoria de los estudiantes.</p>	<p>7. ¿Dónde nació su hijo? _____</p> <p>8. ¿Cuándo fue la primera vez que su hijo asistió a la escuela en los Estados Unidos (esto incluye todos los territorios de los EE. UU.)? (Jardín de infancia – 12. ° grado) _____ Mes Día Año</p>		

Gracias por proporcionar la información necesaria en la encuesta sobre los idiomas en el hogar. Comuníquese con la escuela de su hijo si tiene preguntas adicionales sobre este formulario o sobre los servicios escolares disponibles.

Nota para el distrito: Este formulario está disponible en varios idiomas en <http://www.arkansased.gov/divisions/learning-services/english-learners>. Una respuesta que incluya un idioma diferente al inglés en las preguntas desde la nro. 1 a la nro. 6 indica que se requiere una prueba de dominio del idioma inglés.



Educational History for Transfer Students

Historia de la Educación para Estudiantes de Transferencia

Date _____

fecha

Name of Student _____ **DOB** _____

Nombre del Estudiante

Fecha de Nacimiento

Grade _____ **Gender** _____ **Race** _____

Grado

Género

Raza

Previous School Attended _____

La escuela anterior

Address *Dirección* _____

Phone *Teléfono* _____

Previous School Attended _____

La escuela anterior

Address *Dirección* _____

Phone *Teléfono* _____

Has your child ever attended a school in Jacksonville North Pulaski School District before? *¿Su hijo ha asistido a una escuela en el Distrito Escolar del Condado de Pulaski Especial antes?*

Yes *Sí* _____ **No** _____

If so: School Name: _____ **School Year** _____

En caso afirmativo: Nombre de la escuela:

año escolar

Special Education **Yes** *Sí* _____ **No** _____ **Date(s)** _____

Educación Especial

fecha

Is student in Special Education now? **Yes** *Sí* _____ **No** _____ **If yes, current IEP is needed**

Es estudiante de educación especial ahora? En caso afirmativo, el IEP actual es necesario

Has student attended a Residential Treatment /Day Treatment Facility?

¿Ha el estudiante ingresado a una institución de rehabilitación /o a una institución de rehabilitación diaria?

Yes *Sí* _____ **No** _____

Talented and Gifted **Yes** *Sí* _____ **No** _____ **Date(s)** _____

Talentosos y Dotados

fecha

Is student in TAG now? *Es el estudiante en el programa TAG ahora?* **Yes** *Sí* _____ **No** _____

Has student ever repeated a grade? *¿Su hijo ha repetido un grado?* **Yes** *Sí* _____ **No** _____

If yes, which grade: *En caso afirmativo, qué grado:* _____

Signature of Parent/Guardian *Firma del padre /tutor*

Date *fecha*

Records Release Form

Formulario de Autorización de Registros

Date _____
Fecha

School Name: _____
Nombre de la escuela

Name of Student _____ DOB _____
Nombre del Estudiante fecha de nacimiento

Previous School Attended _____ Grade _____
La escuela anterior grado

Previous School Address _____ Previous School Phone _____
Dirección teléfono

AUTHORIZATION IS HEREBY GRANTED FOR THE RELEASE OF THE FOLLOWING INFORMATION:

- XXXX Transcript
- XXXX Report Card
- XXXX Withdrawal Grades
- XXXX Standardized Test Scores
- XXXX Attendance
- XXXX Health Records/Immunization Records
- XXXX Birth Certificate
- XXXX Social Security Card (*Optional*)
- XXXX 504 Plan, Due Process, Special Education and IEP's, Speech OT/PT
- XXXX Discipline
- XXXX G/T Records
- XXXX Other available school records

THANK YOU IN ADVANCE FOR YOUR ASSISTANCE

<p>Please mail or fax records to:</p> <p>Attention (First & Last Name): _____</p> <p>School Name: _____</p> <p>School Address: _____</p> <p>School Phone Number: _____</p> <p>School Fax Number: _____</p>
--

Signature of Parent/Guardian/Registrar
Firma del padre / tutor / Registro

Date
Fecha

The final regulations of the Family Education Rights and Privacy Act (as amended on June 17, 1976) allow education institutions to transfer records without consent to another school system in which the student intends to enroll.

Las regulaciones finales de los Derechos de Educación Familiar y Privacidad (en su forma enmendada el 17 de junio de 1976) permiten a las instituciones de educación para transferir los registros sin el consentimiento de otro sistema escolar en el que el estudiante tiene la intención de inscribirse.

JACKSONVILLE NORTH PULASKI SCHOOL DISTRICT PARENT-STUDENT STATEMENT OF RESPONSIBILITY

STUDENT NAME

GRADE

The Jacksonville North Pulaski School District has made available the Parent/Student Handbook online for your viewing and downloading. The Handbook is available on our website at www.jnpsd.org. Once on our website, click on the **Families** section, find the **Getting Started** section, and click on the **Parent/Student Handbook**.

I acknowledge that I have been informed that the Jacksonville North Pulaski School District Handbook is located online and available to me for viewing and downloading. I have also been informed of my right to request a hard copy of the Parent/Student Handbook.

We have received the information on the JNPSD Parent/Student Handbook Including Conduct and Discipline, and although we may not agree with all the regulations, we understand that the student must adhere to them while she/he is at school, on the bus, at the bus stop, or in attendance at school-sponsored activities. In the event that we are not entirely certain of some aspect of school policy, we will contact the principal for clarification within one (1) week after receipt of that policy.

Your signatures below certify that you and your student received information in regard to accessing the **Parent/Student Handbook** from the school he/she attends. Please sign and return to the student's home-room teacher within one (1) week after the student receives it.

I would like to receive a hard copy of the Parent and Student Handbook

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

DETACH ALONG PERFORATED LINE

JACKSONVILLE NORTH PULASKI SCHOOL DISTRICT OBJECTION TO PUBLICATION OF DIRECTORY INFORMATION

(Not to be filed if the parent/student has no objection)

I, the undersigned, being a parent of a student, or a student eighteen (18) years of age or older, hereby note my objection to the disclosure or publication by the Jacksonville North Pulaski School District of directory information, as defined in Policy No. 4.10 (Privacy of Students' Records), concerning the student named below. The District is required to continue to honor any signed opt-out form for any student no longer in attendance at the District.

I understand that the participation by the below-named student in any interscholastic activity, including athletics and school clubs, may make the publication of some directory information unavoidable, and the publication of such information in other forms, such as telephone directories, church directories, etc., is not within the control of the District.

I understand that this form must be filed with the office of the appropriate building principal within ten (10) school days from the beginning of the current school year or the date the student is enrolled for school in order for the District to be bound by this objection. Failure to file this form within that time is a specific grant of permission to publish such information.

I object and wish to deny the disclosure or publication of directory information as follows:

- Deny disclosure to military recruiters
- Deny disclosure to Institutions of postsecondary education
- Deny disclosure to Potential employers
- Deny disclosure to all public and school sources

Selecting this option will prohibit the release of directory information to the three categories listed above along with all other public sources (such as newspapers), **AND** result in the student's directory information **not** being included in the school's yearbook and other school publications.

- Deny disclosure to all public sources

Selecting this option will prohibit the release of directory information to the first three categories listed above along with all other public sources (such as newspapers), but permit the student's directory information **to be included** in the school's yearbook and other school publications.

Name of student (Printed)

Signature of parent (or student, if 18 or older)

Date form was filed (To be filled in by office personnel)

DETACH ALONG PERFORATED LINE



Jacksonville | North Pulaski SCHOOL DISTRICT

Photo/Video Opt-Out Form for Minors (if under 18)

Only submit this form if you do not wish for your child's image to be published.

The Jacksonville North Pulaski School District DOES NOT have my permission to use my child's photograph publically to promote the school district. **By submitting this form**, I understand that the images and video may **NOT** be used in print publications, online publications, presentations, websites and social media. No royalty, fee or other compensation shall become payable to **the student or guardian** by reason of such use.

Child's Name: _____

Phone Number: _____

Parent/Guardian's Signature

Date

The Jacksonville North Pulaski School District tries to be as inclusive as possible while respecting the individual confidentiality of students and their parent(s)/guardian(s). JNPSD collects, retains and uses your child's likeness and personal information in a variety of ways in accordance with the Family Educational Rights and Privacy Act (FERPA)

JACKSONVILLE NORTH PULASKI SCHOOL DISTRICT
CONSENT LETTER FOR CORPORAL PUNISHMENT

Please remove this page and return to your child's school so that we may have a record that you have received the booklet.

Dear Parent:

This is to certify that I have received and read the copy of the "Student Handbook, Responsibilities and Rights, Discipline Policy" and have reviewed the handbook with my child.

Parent Signature

Date

Student Signature

Date

CORPORAL PUNISHMENT

I authorize appropriate corporal punishment to be administered by school administration.

A. Corporal Punishment is defined as punishing a student by striking a maximum of three times on the buttocks with a paddle, which is provided by the school system. Such punishment must be administered in a reasonable manner taking into consideration the age, size, emotional conditions, and health of the student.

B. Corporal Punishment shall be administered only by the principal, or assistant principal. Corporal punishment shall be administered in a specific private place designated by the principal, i.e. out of the sight and hearing of other students, shall not be excessive, or administered with malice. It shall be witnessed by a licensed staff member who is cognizant of the reasons for the punishment. Counselors are not included as witnesses because of the student counselor relationship.

C. The student shall be advised of the particular misconduct in question and shall be given an opportunity to provide an explanation of the facts prior to the application of corporal punishment.

D. A record of each incident of corporal punishment shall be kept. This record shall include the student's name, time, date, details of violation, form of discipline administered, the person administering the discipline, and the witness. The principal or assistant principal shall notify the parents of such violation and punishment.

Names of children attending Jacksonville North Pulaski School District, their grade levels, and their assigned schools are as follows:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NON CORPORAL PUNISHMENT

I do not authorize corporal punishment to be administered by school personnel.

Names of children attending Jacksonville North Pulaski School District, their grade levels, and the assigned schools are as follows:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Each school that your children attend should have a copy of your request. If you have any questions, please contact your child's school

DETACH ALONG PERFORATED LINE

JACKSONVILLE NORTH PULASKI SCHOOL DISTRICT
ANTI-BULLYING

Students who bully another person shall be held accountable for their actions whether they occur on school equipment or property; off school property at a school sponsored or approved function, activity, or event; going to or from school or a school activity in a school vehicle or school bus; or at designated school bus stops. "Bullying" means the intentional harassment, intimidation, humiliation, ridicule, defamation, or threat or incitement of violence by a student against another student or public school employee by a written, verbal, electronic, or physical act that may address an attribute of the other student, public school employee, or person with whom the other student or public school employee is associated and that causes or creates actual or reasonably foreseeable: Physical harm to a public school employee or student or damage to the public school employee's or student's property; Substantial interference with a student's education or with a public school employee's role in education; A hostile educational environment for one (1) or more students or public school employees due to the severity, persistence, or pervasiveness of the act; or Substantial disruption of the orderly operation of the school or educational environment.

Examples of "Bullying" may also include but are not limited to a pattern of behavior involving one or more of the following: Sarcastic comments "compliments" about another student's personal appearance or actual or perceived attributes, Pointed questions intended to embarrass or humiliate, Mocking, taunting or belittling, Non-verbal threats and/or intimidation such as "fronting" or "chesting" a person, Demeaning humor relating to a student's race, gender, ethnicity or actual or perceived attributes, Blackmail, extortion, demands for protection money or other involuntary donations or loans, Blocking access to school property or facilities, Deliberate physical contact or injury to person or property, Stealing or hiding books or belongings, Threats of harm to student(s), possessions, or others, Sexual harassment, and/or Teasing or name-calling based on the belief or perception that an individual is not conforming to expected gender roles or conduct or is homosexual, regardless of whether the student self-identifies as homosexual. Electronic acts of bullying are prohibited whether or not the electronic act originated on school property or with school equipment, if the electronic act is directed specifically at students or school personnel and maliciously intended for the purpose of disrupting school, and has a high likelihood of succeeding in that purpose.

The person or persons reporting behavior they consider to be bullying shall not be subject to retaliation or reprisal in any form. Students are encouraged to report behavior they consider to be bullying, including a single action which if allowed to continue would constitute bullying, to their teacher or the building principal. The report may be made anonymously. Parents or legal guardians may submit written reports of incidents they feel constitute bullying, or if allowed to continue would constitute bullying, to the principal. The principal shall be responsible for investigating the incident(s) to determine if disciplinary action is warranted. A school principal or his or her designee who receives a credible report or complaint of bullying shall promptly investigate the complaint or report and make a record of the investigation and any action taken as a result of the investigation.

Students found to be in violation of this policy shall be subject to disciplinary action up to and including expulsion. In determining the appropriate disciplinary action, consideration may be given to other violations of the student handbook, which may have simultaneously occurred. The entire JNPSD Bullying policy can be found at www.jnpsd.org. Signatures below certify that the guardian and student received information in regard to the JNPSD Bullying Policy. Sign and return to the student's school within one (1) week after the student receives it.

DETACH ALONG PERFORATED LINE

STUDENT NAME

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE



Kindergarten Physical Exam

JACKSONVILLE NORTH PULASKI SCHOOL DISTRICT

1414 West Main
Jacksonville, Arkansas 72076
www.jnpsd.org

Kindergarten Physical Exam

Student	Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female Race: _____
Parent Name(s)	School	
Chronic Medical Condition(s) <input type="checkbox"/> Asthma <input type="checkbox"/> ADD <input type="checkbox"/> Seizures <input type="checkbox"/> Developmental Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Diseases/Disorders at this time	Allergies	Dietary Restrictions/Comments
Medication(s)	Weight _____ lbs Height _____ inches	Blood Pressure: _____/_____ Pulse: _____ RR: _____

The following information should be completed by a physician or health care provider:

REQUIRED INFORMATION

Physical Exam Area Of Assessment	Within Normal Limits	Not within Normal Limits	Comments and/or recommendations	Immunization Requirements √ If complete
SKIN				<input type="checkbox"/> Dtap: 4 doses with 1 after 4 th birthday
EYES				<input type="checkbox"/> Polio: 3 doses with 1 after 4 th birthday <i>*Prek needs 4 doses</i>
EARS				<input type="checkbox"/> MMR: 2 Doses <i>*Prek needs 1 dose</i>
NOSE				<input type="checkbox"/> Hepatitis B: 3 Doses
MOUTH				<input type="checkbox"/> Hepatitis A: 1 dose <i>*Prek needs 2 doses</i>
NECK				<input type="checkbox"/> Varicella: 2 Doses <i>*Prek needs 1 dose</i>
LYMPH NODES				<i>Student is deficient and needs:</i>
HEART				
LUNGS				
ABDOMEN				
GENITO-URNINARY				
MUSCULOSKELETAL				
NEUROLOGICAL				
DEVELOPMENTAL				

Screenings Acuity Eye Chart and Tests		
	Pass	Fail
Left Eye		
Right Eye		

Pre-school/Pre-K students MUST have a vision screening prior to school

General Comments/Recommendations: _____

The information provided is complete and arrangements have been made for any referral or follow up as needed.

Signature of Physician/Health Care Provider: _____ Date: _____

AGRICULTURE SURVEY / ENCUESTA DE AGRICULTURA

Title I, Part C ESEA

Title I, Part C ESEA

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

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

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)		

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?		

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

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:

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:

Add any remaining children on back of form

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

Parent Signature (Firma del Padre): _____

Date (Fecha): _____

AAA Athletics Participation Form (7-12th Grade Only)

Current or Upcoming School Year: _____

Students Name _____

Parents Signature _____ Date _____

- Does the student plan to participate in athletics grades (7-12)?
 - ____ Yes ____ No
 - If yes, refer the student to the district athletic director, specific school athletic coordinator or eligibility designee for eligibility certification.
 - The student has been approved for enrollment but must still be certified for eligibility by the school.

- Students of:
 - Jacksonville High School (9-12) must be approved by Scott Waymire, Athletic Director and Kenneth Miller, Assistant Principal
 - Jacksonville Middle School (7-8) must be approved by Scott Waymire, Athletic Director and Dr. Juanita Mitchell, Assistant Principal

- Approval must be done in order to participate in athletics.

Scott Waymire
Athletic Director

Jacksonville High School
PH. 501-982-2128
Principal LaGail Biggs

Jacksonville Middle School
PH. 501-982-9436
Principal Janetta Castleman

AAA Eligibility Checklist for NEW Students-Athletes

Student's Name _____ Date Completed _____

- Please note that this checklist does not attempt to cover all eligibility certification situations. Please refer to the AAA Handbook for complete rules regarding eligibility.

1. Was the student enrolled in (district or school name) for the entire previous 365 day period?
_____ Yes _____ No

2. Does the student currently reside within the boundaries of the (district name or school attendance zone) with the parent(s) who has/have legal primary custody of the student?
_____ Yes _____ No Address _____

- If the answer to either question above is yes, the student is not considered a transfer. Please skip to number 3. If the answer is no to both questions above, the student is considered a transfer and must meet transfer requirements. Please answer the transfer question below.

Transfer

Is the student legally attending (school name) through a board to board or school choice transfer?

_____ Board to Board Transfer
_____ School Choice Transfer

If legal attendance is through school choice prior to July 1 of grades 7-10, a CSAP form must be completed. Please refer to legal attendance, school choice and CSAP rules and dates in the AAA handbook. Transfers after July 1 of grades 7-10 are not eligible until domicile rule is met.

Guardianship, loco parentis, living with family, etc. may allow for attendance but may not be used to certify eligibility.

3. Did the student pass four (4) academic classes with a minimum semester GPA of 2.0 the previous semester?

Please refer to the AAA Handbook for Jr. High requirements.

_____ Yes _____ No

4. Does the student meet the age restrictions in the AAA Handbook? _____ Yes _____ No

5. Does the student meet the semester limitations in the AAA Handbook? _____ Yes _____ No

6. Is the student returning to the district of his parent's domicile within the first eleven days of the semester? Please refer to the AAA Handbook. _____ Yes _____ No

7. Is the student's non-school coach employed or assisting in any manner at JNPSD? Please refer to the AAA Handbook. _____ Yes _____ No

8. Is the student compliant with the same sport same season rule in the AAA Handbook?
_____ Yes _____ No

9. If enrolling in a AAA member school from out of state, was the student eligible at the previous school? _____ Yes _____ No _____ N/A

Parent Information

Jacksonville North Pulaski School District keeping you updated for all things JNPSD



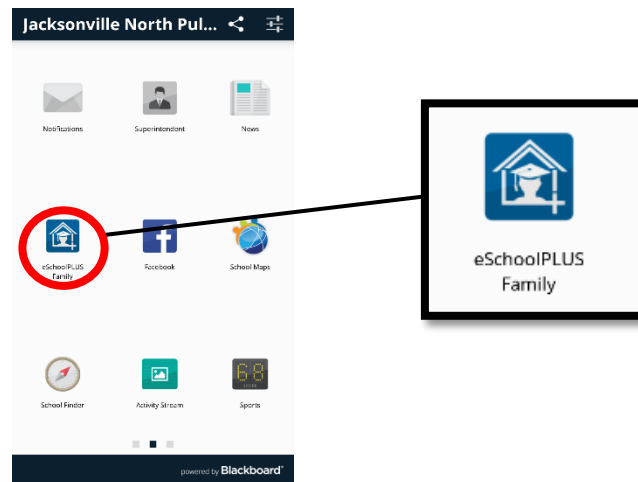
Download the JNPSD app in 3 easy steps:

1. On your smartphone, go to the iTunes App Store® or Google Play®
2. Search Jacksonville North Pulaski School District
3. Select the JNPSD app for free download



If you have any further questions, please contact your child's school.

Stay up to date on your child's daily progress in school by accessing the eSchool Family App in our JNPSD App



When you click on the app you will be prompted to login with your eSchool Home Access (HAC) information, you can obtain this information from your child's school.

The Welcome screen features the eSchoolPLUS Family logo at the top. Below the logo, the word "Welcome" is displayed in a large, elegant font. Underneath, a message reads: "Please tap a button below and we will locate your school district." There are four white buttons with blue text: "District Name/State", "Near Your Current Location", "Enter Your Zip Code", and "View Recent Districts".

The Login screen features the SUNGARD K-12 EDUCATION logo at the top. Below the logo, the text "Jacksonville-North Pulaski School District" is displayed. There are two input fields: "Username" with the placeholder text "Contact Your School for Info" and "Password". A "Forgot Password?" link is located below the password field. A "Login" button is positioned to the right of the password field. At the bottom, there is a "Select New District" button.

Información para Padres

Jacksonville Pulaski norte distrito escolar le mantiene actualizado para todas las cosas JNPSD



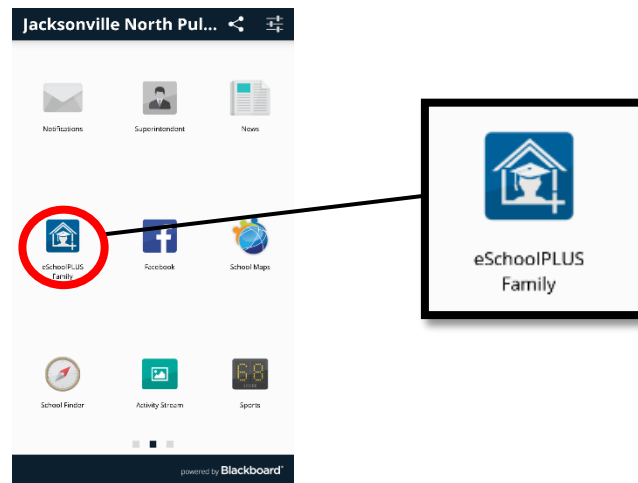
Descargar la app JNPSD en 3 sencillos pasos:

1. En el smartphone, vaya a la App Store de iTunes® o Google® Play
2. Buscar Jacksonville North Pulaski School District
3. Seleccione el JNPSD app para descargar gratis



Si usted tiene más preguntas, póngase en contacto con la escuela de su hijo.

Manténgase al día sobre su progreso diario del niño en la escuela, accediendo a la familia eSchool App en nuestro App JNPSD



Cuando se hace clic en la aplicación, se le pedirá que inicie sesión con su eSchool Home Access (HAC) información, puede obtener esta información desde la escuela de su hijo.

The welcome screen features the eSchoolPLUS Family logo at the top. Below the logo, the word "Welcome" is displayed in a large, elegant font. Underneath, a message reads: "Please tap a button below and we will locate your school district." There are four buttons arranged vertically: "District Name/State", "Near Your Current Location", "Enter Your Zip Code", and "View Recent Districts".

The login screen displays the SUNGARD K-12 EDUCATION logo at the top. Below it, the text "Jacksonville-North Pulaski School District" is shown. The form includes a "Username" field with a placeholder "Contact Your School for Info", a "Password" field, and a "Forgot Password?" link. A "Login" button is positioned to the right of the password field. At the bottom, there is a "Select New District" button.