

Yellville-Summit Public Schools Enrollment Form

FOR OFFICE USE ONLY

POR _____
 StudentID _____ Verified Initials _____ Date _____

Student Information

Student Name

Last _____ First _____ Middle _____

Grade _____ Age _____ Date of Birth _____

Gender
 Male Female

Language spoken by student at home _____

Travel Type
 Bus
 Drives self
 Parent/Guardian
 After School Program
 Walker

Soc. Security number _____

Ethnicity / Race
 Is the student of Hispanic/Latino origin?
 Yes No

Primary Race
 American Indian/Alaska Native
 Asian
 Black
 Native Hawaiian/Pacific Islander
 White

Additional Race
 American Indian/Alaska Native
 Asian
 Black
 Native Hawaiian/Pacific Islander
 White

Is the student currently suspended, expelled, or involved in an expulsion proceeding from school in any other school district? Yes No

Please list any grade(s) the student has repeated: _____

Does the student require any special services?
 Speech Resource GT LEP/ELL 504 Title I

For Kindergarten students only: Has your child attended one of the following pre-school programs?

Ark Better Chance ABC (A) Not Applicable (NA)
 Even Start (E) Other (O)
 Early Childhood (EC) Private School (P)
 Headstart (H) Public School Preschool (PS)

Last School(s) Attended

School Name	City, State	Grades	Entry Date	Exit Date

Parent / Guardian Information

Student is living with: *(ALL that apply)*

Alone Father Institution Both Parents
 Grandparents Legal Guardian Spouse Mother & Stepfather
 Mother Foster Parent Homeless Father & Stepmother

Student's Legal Guardian:
 Both Parents Guardian
 Father Emancipated Minor
 Mother

Is student and/or student's family living with another family? Yes No
 Another Family Family Friend Other Relative Shelter Motel

Is the student a twin, triplet or multiple?
 Yes No

Parent / Guardian 1 (Primary Contact)

Student Address

Parent/Guardian Name _____ Primary Language of Parent/Guardian _____

Physical Address
 (Where student is living)

Mailing Address
 (If different than Physical Address)

Street Address _____

PO BOX / Street Address _____

City/State/Zip _____

City/State/Zip _____

Parent/Guardian Home Phone _____
 Listed Unlisted

Parent/Guardian Cellular Phone _____

Parent/Guardian 1 Email Address _____

Mailing Address
 (If different than Guardian 1 Address)

PO BOX / Street Address _____

City/State/Zip _____

Student Home Phone _____
 Listed Unlisted

Student Cellular Phone _____

Student Email Address _____

Parent/Guardian 1 Workplace:

Parent/Guardian 2 Workplace:

Employer _____

Employer _____

Work Phone _____

Work Phone _____

What is your preferred method of contact? Choose all that apply.

- Email (E) Home Phone (H) Cell Phone (C) Text Message (T)

What is your primary contact phone number? _____

Emergency Information

Please list other emergency contacts:

May check the student out of school?

Name	Relationship to student	Contact Number	Yes	No
1.			<input type="radio"/>	<input type="radio"/>
2.			<input type="radio"/>	<input type="radio"/>
3.			<input type="radio"/>	<input type="radio"/>

Does your student have any known allergies: Yes No
 Please list: _____

Custody Alert
 Explain: _____

Home Language Survey

- What language did the student learn when he/she first began to talk?*
- What language is most frequently used by adults with each other at home?*
- What language is most frequently used by student with siblings?*
- What language does the student speak most of the time?*
- What language do the parents/guardians speak to the student most of the time?*
- Will you need the district to provide an interpreter at school conferences?
- What written language would you prefer to receive school communications?

*Parents/Guardians who indicate a language other than English on at least one of these questions must fill out the Parent Student Interview form.

Military Information

Is the student a military dependent and resides in the household of a person who is on active duty or serving in the reserve component of a branch of the United States Armed Forces? Military Dependents Act 514 Yes No

- 1 - Active Duty US Army
- 5 - Active Duty Coast Guard
- 9 - Reserves Marines
- 13 - Not Applicable
- 2 - Active Duty Air Force
- 6 - Reserves Army
- 10 - Army National Guard
- 14 - Reserves Coast Guard
- 3 - Active Duty Navy
- 7 - Reserves Air Force
- 11 - Air Force National Guard
- 12 - Parents Multiple Branch
- 4 - Active Duty Marines
- 8 - Reserves Navy

Parent / Guardian Authorization

Please initial the following statements

- _____ I understand that it is a misdemeanor to provide a false address for the purpose of enrolling in a school (Arkansas code §6-18-202) and is punishable by a fine of up to \$500.00
- _____ As the student's parent / guardian, I understand that if any of this information changes, I need to contact my student's school to have that information updated.

 Parent/Guardian signature _____
 Date