

Yellville-Summit Public Schools Enrollment Form

FOR OFFICE USE ONLY		
POR <input type="checkbox"/>		
StudentID	Verified Initials	Date

Student Information

Student Name

Last _____ First _____ Middle _____
 _____ / _____ / _____ S.S. # _____

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

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

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

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

Is student and/or student's family living with another family? Yes No

Another Family Family Friend Other Relative Shelter Motel

Student's Legal Guardian:

Both Parents Guardian
 Father Emancipated Minor
 Mother

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

Parent / Guardian 1 (Primary Contact)

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 _____ Parent/Guardian Cellular Phone _____
 Listed Unlisted

Parent/Guardian 1 Email Address _____

Student Address

Mailing Address (If different than Guardian 1 Address)

PO BOX / Street Address _____

City/State/Zip _____

Student Home Phone _____ Student Cellular Phone _____
 Listed Unlisted

Student Email Address _____

Parent/Guardian 1 Workplace:

Employer _____

Work Phone _____

Parent/Guardian 2 Workplace:

Employer _____

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

- | | | | |
|---|---|---|---|
| <input type="radio"/> 1 - Active Duty US Army | <input type="radio"/> 5 - Active Duty Coast Guard | <input type="radio"/> 9 - Reserves Marines | <input type="radio"/> 13 - Not Applicable |
| <input type="radio"/> 2 - Active Duty Air Force | <input type="radio"/> 6 - Reserves Army | <input type="radio"/> 10 - Army National Guard | <input type="radio"/> 14 - Reserves Coast Guard |
| <input type="radio"/> 3 - Active Duty Navy | <input type="radio"/> 7 - Reserves Air Force | <input type="radio"/> 11 - Air Force National Guard | |
| <input type="radio"/> 4 - Active Duty Marines | <input type="radio"/> 8 - Reserves Navy | <input type="radio"/> 12 - Parents Multiple Branch | |

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