

Yellville-Summit School District

Phone: (870)449-4244

Yellville-Summit Elementary Enrollment Form

Fax: (870)449-2214

GENERAL STUDENT INFORMATION

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

Gender: Female Male

Nickname: _____

Grade: _____

SSN # _____

Hispanic/Latino Ethnicity: Yes No Age: _____

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

Student Home Phone: _____

Student Cell Phone: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1	Parent/Guardian 2
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Language of Correspondence: _____	Language of Correspondence: _____
Mailing Address: _____	Mailing Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Email: _____	Email: _____
Home Phone: _____ Cell Phone: _____	Home Phone: _____ Cell Phone: _____
Work Phone: _____ *Alert Phone: _____	Work Phone: _____ *Alert Phone: _____
*Alert Phone is used by the district's automated phone message system.	*Alert Phone is used by the district's automated phone message system.
Employer: _____	Employer: _____
<input type="checkbox"/> Student Primarily Resides with this Guardian.	<input type="checkbox"/> Student Primarily Resides with this Guardian.

Has your child received any of the following: ESL _____ 504 _____

GT _____ Speech _____ Special Education _____ Dyslexia _____

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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	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

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

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 NOT ALLOWED to check out/pick up this child from school: _____

Parent/Guardian Signature _____

Date _____

STUDENT NAME _____ Grade _____

Medicaid/AR Kids # _____

Family Physician: _____ Phone _____

Family Dentist _____; _____ Phone: _____

Other Health Care Professional: _____ Phone: _____

1. Does the student take any MEDICINE at home and/or school regularly? _____ Yes _____ No
If yes, state name of medicine and time given, and reason for medication

2. Is the student allergic to any medications or foods? _____ Yes _____ No
If yes, state name and reaction symptoms.

3. Does the student have any health problems, which may limit or affect his or her activities at school or participation in the P.E. program? (e.g., running, exercise, etc.) _____ Yes _____ No
If yes, explain: _____

Please check if the student has or has had the following and explain areas checked:

_____ Chicken Pox	_____ Kidney Problems	_____ Glasses/Contacts	_____ Rheumatic Fever
_____ Diabetes	_____ Seizures	_____ Tuberculoss	_____ Fainting Spells
_____ Nose Bleeds	_____ Heart Trouble	_____ Allergies	_____ Asthma
_____ Hearing Aids	_____ Bladder Problems	_____ ADD	_____ Cystic Fibrosis
_____ Excessive Bleeding		_____ Bowel Problems	_____ Migraine Headaches

Explanation of any of the above checked items. -

May your child be given an age-appropriate dose of generic Tylenol? Yes _____ No _____

This shall remain in effect as long as my child attends Yellville-Summit Schools.

(We will try to reach you each time we feel your child needs Tylenol. *This does not mean a child with fever or in a moderate amount of pain should come to school.*)

During a visit to the health room the following products may be used. **Please initial by the products you give consent to be used for your child.**

Antibiotic ointment _____ Cough Drops _____ Caladryl _____ Carmex or Vaseline for chapped lips _____
Tums _____ Hydrocortisone cream _____

MEDICAL RELEASE

We, the undersigned parent/guardian of _____ (student's name), do hereby grant and give to Yellville-Summit Public Schools, and/or its designated staff member and representative, authorization and authority to treat and/or obtain emergency medical care for our child. Whether emergency exists or not or whether medical care is needed or not is left up to the sole discretion of the school or its representative. Further, we do hereby authorize and grant to the school district and/or its designated representative authority to approve any necessary medical treatment that is determined to be needed for our child either by hospital emergency room staff or by family physician.

We do hereby designate _____ as our first physician of choice but if such physician is not available then we authorize the school district to select such doctor and/or hospital, as they deem necessary and appropriate.

Parent/Guardian Signature: _____

Date: _____



**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:	
<p>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.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. a) In what language do you prefer to receive written communication from the school? _____</p> <p>b) In what language would you prefer to communicate with school staff when speaking? _____</p>		
<p>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.</p>	<p>2. What language(s) is (are) spoken in your home? _____</p> <p>3. What language did your child learn first? _____</p> <p>4. What language does your child use most often at home? _____</p> <p>5. What language does your family speak most often at home? _____</p> <p>6. What language do adults speak most often with each other at home? _____</p>		
<p>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. This form is not used to identify students' immigration status.</p>	<p>7. Where was your child born? _____</p> <p>8. When did your child first attend a school in the United States (this includes all US territories)? (Kindergarten – 12th grade) _____ Month Day Year</p>		

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.

IMPORTANT

Parents/Guardians:

It is extremely important that the Y_S Bus Barn have accurate, detailed directions to your house. Please complete the following:

Student Name _____

Parent/Guardian Name _____

Address: _____

Directions to your house:

2 Phone Numbers in case of emergency:
