

# Yellville-Summit School District

Phone: (870)449-4066

Yellville Summit High School Enrollment Form

Fax: (870)449-4773

## GENERAL STUDENT INFORMATION

<b>FIRST NAME:</b>	<b>MIDDLE NAME:</b>	<b>LAST NAME:</b>
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Birthdate: \_\_\_\_\_

Gender: Female Male

Grade: \_\_\_\_\_

SSN (Optional): \_\_\_\_\_

Nickname: \_\_\_\_\_

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

Student Home Phone: \_\_\_\_\_

Does this child have Internet Access at home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Student Cell Phone: \_\_\_\_\_

Does this child have a device at home for on-line lessons? \_\_\_\_\_ Yes \_\_\_\_\_ No

Student's Instructional Option (choose one):

On-Site Instruction \_\_\_\_\_ On-Line Instruction \_\_\_\_\_ Combination of On-Line and On-Site Instruction \_\_\_\_\_

## 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.

### 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 %: _____

# Yellville Summit High School Enrollment Form

Page 2

## 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 NOT ALLOWED to check out/pick up this child from school: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_