GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:

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**
	☐ Mailing Address is same as Physical/911 Address
Address:_____	Address:_____
City:_____	City:_____
State:_____ Zip Code:_____	State:_____ Zip Code:_____

Student Home Phone:_____

Student Cell Phone:_____

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:_____
☐ Student Primarily Resides with this Guardian.	☐ 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 %:_____

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)
____Bus (Bus Number_____)	____Bus (Bus Number_____)
____Drives Self	____Drives Self
____Parent/Guardian (includes walkers, child care vans, etc.)	____Parent/Guardian (includes walkers, child care vans, etc.)
____District Paid Transportation	____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.

____ Active Duty – US Army	____ Active Duty – US Air Force	____ Active Duty – US Navy	____ Active Duty – US Marines
____ Active Duty – US Coast Guard	____ Reserves – US Army	____ Reserves – US Air Force	____ Reserves – US Navy
____ Reserves – US Marines	____ National Guard – US Army	____ National Guard – US Air Force	____ 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:_____ ☐ 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

DIGITAL EQUITY SURVEY

1. Does this child have Internet Access at home?   _____ Yes   _____ No

2. If there is no Internet Access, what is the reason this child does NOT have internet Access?

   _____ Not Available

   _____ Not Affordable

   _____ Other

   _____ Not Applicable

3. What type of Internet Access does this child have? (Select one of the following)

   _____ Residential Broadband   _____ Dial-up

   _____ Cellular Network   _____ Other

   _____ Hotspot   _____ None

   _____ Community Provided Wi-Fi   _____ Unknown

   _____ Satellite

4. Is the Internet Performance acceptable for learning activities? (Select one of the following)

   _____ Yes - experiences very few or no interruptions in learning activities caused by poor internet performance in the primary place of residence

   _____ Sometimes - regularly experiences interruptions in learning activities internet caused by poor internet performance in their primary place of residence

   _____ No - unable to complete learning activities due to poor internet performance in their primary place of residence

5. What type of device does this child use most often to complete learning activities away from school? (Select one of the following)

   _____ Desktop Computer   _____ Smartphone

   _____ Laptop Computer   _____ None

   _____ Tablet   _____ Other

   _____ Chromebook

6. What is the source of this primary learning device?

   _____ District Provided

   _____ Personal

   _____ Other

7. What is the child's access to this primary learning device? (Select one of the following)

   _____ Shared

   _____ Not Shared