

Armored School

Student Enrollment Form

Student Information

| | | | |
|------------|-------------|-----------|-------------------------|
| First Name | Middle Name | Last Name | Suffix (Jr., III, etc.) |
|------------|-------------|-----------|-------------------------|

Nickname(Opt.): _____ Gender: Male Female Grade: _____

Birthdate: _____ SSN(Opt.): _____ Hispanic/Latino Ethnicity: Yes No

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/African Amer. _____ Native Hawaiian/Other Pac. Isl. _____ White

Primary Language Spoken At Home: _____

| Student Physical (911) Address | Student Mailing Address |
|--|---|
| Address: _____ Apt: _____ City: _____ State: _____ Zip: _____ | <input type="checkbox"/> <i>Mailing Address is same as Physical (911) Address</i> Address: _____ Apt: _____ City: _____ State: _____ Zip: _____ |

Student Home Phone: _____ Student Cell Phone(Opt): _____ Student Work Phone(Opt): _____

Student eMail Address(Opt): _____

| Primary Travel To School (Please Check One) | Primary Travel From School (Please Check One) |
|--|--|
| <input type="checkbox"/> Bus <input type="checkbox"/> Drives Self <input type="checkbox"/> Parent/Guardian(<i>includes walkers, child care vans, etc.</i>) | <input type="checkbox"/> Bus <input type="checkbox"/> Drives Self <input type="checkbox"/> Parent/Guardian(<i>includes walkers, child care vans, etc.</i>) |

City of Birth: _____ State of Birth: _____ Birth Country: _____

Birth Certificate#: _____ Is this student a twin (triplet, quadruplet, etc.): Yes No

Is this student a dependent of an active or reserve member of a branch of the United States Armed Services: Yes No

If this student resides in a household with an active or reserve member of the U.S. 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 Marine Corps |
| <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 Marine Corps | <input type="checkbox"/> National Guard – US Army | <input type="checkbox"/> National Guard – US Air Force | <input type="checkbox"/> Serve in Multiple Branches |

Pre-School Participation

Please indicate the type of pre-school program in which the student participated.

| | | |
|---|--|---|
| <input type="checkbox"/> Public School Pre-School | <input type="checkbox"/> HeadStart | <input type="checkbox"/> Did Not Attend Pre-School |
| <input type="checkbox"/> Private Pre-School | <input type="checkbox"/> Even Start | <input type="checkbox"/> Attended Pre-School, But Unsure of Type |
| <input type="checkbox"/> Arkansas Better Chance | <input type="checkbox"/> Early Childhood | <input type="checkbox"/> 21 st Century Community Learning Center |

Has this student met the requirements of the Arkansas State Health Laws necessary to enter school: Yes No

Parent/Guardian Information

**NOTE: Complete a separate information block for each individual Parent or Guardian.
List Parents or Guardians in preferred contact order**

| Parent/Guardian 1 |
|--|
| Name: _____ |
| Relationship to Student: _____ |
| <input type="checkbox"/> Student resides with this guardian a majority of the time |
| Mailing Address: _____ Apt: _____ |
| City _____ State: _____ Zip: _____ |
| eMail Address: _____ |
| Home Phone: _____ Cell Phone: _____ |
| Alert Phone: _____ <i>Alert Phone will be the number called by the district's automated phone messaging system.</i> |
| Employer: _____ |
| Work Phone: _____ |
| Guardians' Primary Language _____ |
| <input type="checkbox"/> This guardian is connected with multiple students currently enrolled in the Armored School District |

| Parent/Guardian 2(Opt.) |
|--|
| Name: _____ |
| Relationship to Student: _____ |
| <input type="checkbox"/> Student resides with this guardian a majority of the time |
| Mailing Address: _____ Apt: _____ |
| City _____ State: _____ Zip: _____ |
| eMail Address: _____ |
| Home Phone: _____ Cell Phone: _____ |
| Alert Phone: _____ <i>Alert Phone will be the number called by the district's automated phone messaging system.</i> |
| Employer: _____ |
| Work Phone: _____ |
| Guardians' Primary Language _____ |
| <input type="checkbox"/> This guardian is connected with multiple students currently enrolled in the Armored School District |

| Parent/Guardian 3(Opt.) |
|--|
| Name: _____ |
| Relationship to Student: _____ |
| <input type="checkbox"/> Student resides with this guardian a majority of the time |
| Mailing Address: _____ Apt: _____ |
| City _____ State: _____ Zip: _____ |
| eMail Address: _____ |
| Home Phone: _____ Cell Phone: _____ |
| Alert Phone: _____ <i>Alert Phone will be the number called by the district's automated phone messaging system.</i> |
| Employer: _____ |
| Work Phone: _____ |
| Guardians' Primary Language _____ |
| <input type="checkbox"/> This guardian is connected with multiple students currently enrolled in the Armored School District |

| Parent/Guardian 4(Opt.) |
|--|
| Name: _____ |
| Relationship to Student: _____ |
| <input type="checkbox"/> Student resides with this guardian a majority of the time |
| Mailing Address: _____ Apt: _____ |
| City _____ State: _____ Zip: _____ |
| eMail Address: _____ |
| Home Phone: _____ Cell Phone: _____ |
| Alert Phone: _____ <i>Alert Phone will be the number called by the district's automated phone messaging system.</i> |
| Employer: _____ |
| Work Phone: _____ |
| Guardians' Primary Language _____ |
| <input type="checkbox"/> This guardian is connected with multiple students currently enrolled in the Armored School District |

Emergency Information

| Emergency Contact Information (Contacts other than Guardians to be called in case of Emergency if Guardians are unreachable) | | | | |
|--|--------------|-------------------------|---------|-------------------------------------|
| Contact Order | Contact Name | Relationship to Student | Phone # | Phone Type (Home, Work, Cell, etc.) |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Physician: _____ Physician: _____
 Physician Phone: _____ Physician Phone: _____

Please list any medical concerns, allergies and/or medications for this student: _____

Tylenol, - Triple Antibiotic Ointment – Hydrocortizone Cream – throat spray – OraJel – Antiseptic Spray – Calamine Lotion – Eye Wash – Petroleum Jelly – Carmex – Alcohol – Cough Drops – Throat Drops(Breezer’s)

Please indicate if you want your child to receive the above listed items.

____ Yes _____ No

Student’s name _____ Parent /Guardian _____ Date _____

It is the parent’s responsibility to notify the school if this information changes during the school year.

=====

MEDICAL POLICY GUIDELINES:

1. The medication must be in the original container with child’s name on the prescription.
2. No medication to be given three (3) TIMES DAILY OR LESS WILL ADMINISTERED AT SCHOOL UNLESS DESIGNATED TIMES ARE PRESCRIBED.

MEDICATION ADMINISTRATION RELEASE FORM (*this only applies to students currently taking prescribed medicine*)

I request that you give medication to my child during the school day. You are authorized to delegate this authority to another person if so desired. I will not hold the school staff responsible for any undesired reaction which may occur from the medication. Handwritten notes are NOT acceptable.

Parent/Guardian Signature

Date

Student Name: _____ Grade: _____ Name of Medication: _____

Dosage: _____ Time(s) to be given: _____

For treatment of _____

Please list names of anyone other than listed guardians who should be allowed to check-out/pick up this student from school.

Please list names of anyone who should **NOT** be allowed to check-out/pick up this student from school.

Student Transfer Information

Name of Last School Attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone# _____

Has this student been expelled from school in any other school district, or is the child a party to an expulsion proceeding:

Yes No

Parent/Guardian Signature

Date

OFFICE USE ONLY

Entry Date: _____ Homeroom: _____ GT: _____ Migrant: _____ M/V Act: _____

Entry Code: _____ Residency: _____ SPED: _____ 504 Plan: _____ Meal Status: _____

Curriculum: _____ Sch. Choice LEA: _____ ESL: _____ IMMIG: _____ P/T ADM%: _____

PROOF OF RESIDENCE

____ Own home

____ Rent (receipt attached)

____ copies of two (2) UTILITY BILLS(electric, gas or water) in Parent's name at above address

The following signature assures that the above student is physically present and maintains a permanent place of abode in the Armored School District for an average of no fewer than four (4) calendar days and nights per week for a primary purpose of school attendance as required by state law.

Any person who knowingly gives a false residential address for purposes of public school enrollment shall be guilty of a violation and subject to a fine. (Section 6-18-202 of the AR. State Code)

Pursuant to ACT 663 of 1999, I hereby attest under oath that the information given in above is true and correct. I understand that any person who knowingly provides a false address for the purpose of school enrollment is guilty of a misdemeanor and subject to a fine not to exceed five hundred dollars (\$500). I also understand that any person who unlawfully enrolls a student in a non-resident school district for more than nine (9) school days shall be liable at a rate of one hundred dollars (\$100) per day to the school district of the student's residence.

I do hereby certify living at the above mentioned address:

Parent/Guardian

Date