

Fayetteville Public Schools Enrollment Form

| FOR OFFICE USE ONLY | | | |
|---------------------|------------------------------|----------------|---------------------------|
| Student ID _____ | POR <input type="checkbox"/> | Verified _____ | Initials _____ Date _____ |

Student Information

| | | | |
|---------------------|-------------|-------------------------------------|--|
| Student Name | | | Travel Type |
| Last _____ | First _____ | Middle _____ | <input type="checkbox"/> Bus <input type="checkbox"/> Drives self <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> After School Program <input type="checkbox"/> Walker |
| Grade _____ | Age _____ | Date of Birth _____ / _____ / _____ | |

| | |
|---|---|
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Language spoken by student at home _____ | Ethnicity / Race Is the student of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No Primary Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White |
| Is the student currently suspended, expelled, or involved in an expulsion proceeding from school in any other school district? <input type="checkbox"/> YES <input type="checkbox"/> NO Please list any grade(s) the student has repeated: _____ | Additional Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White |

Does the student require any special services?
 Speech Resource GT LEP/ELL 504 Title I

Has the student ever been enrolled in Fayetteville Schools? Yes No

| School Name | Last School(s) Attended City, State | Grades | Entry Date | Exit Date |
|-------------|--|--------|------------|-----------|
| | | | | |
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For Kindergarten students only: Has your child attended one of the following pre-school programs?

| | |
|--|---|
| <input type="checkbox"/> Ark Better Chance ABC (A) | <input type="checkbox"/> Not Applicable (NA) |
| <input type="checkbox"/> Even Start (E) | <input type="checkbox"/> Other (O) |
| <input type="checkbox"/> Early Childhood (EC) | <input type="checkbox"/> Private School (P) |
| <input type="checkbox"/> Headstart (H) | <input type="checkbox"/> Public School Preschool (PS) |

Parent / Guardian Information

Student is living with: (ALL that apply)

| | | | |
|---------------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> Alone | <input type="checkbox"/> Father | <input type="checkbox"/> Institution | <input type="checkbox"/> Both Parents |
| <input type="checkbox"/> Grandparents | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Spouse | <input type="checkbox"/> Mother & Stepfather |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Homeless | <input type="checkbox"/> Father & Stepmother |

Is student and/or student's family living with another family? YES NO

| | | | | |
|---|--|---|----------------------------------|--------------------------------|
| <input type="checkbox"/> Another Family | <input type="checkbox"/> Family Friend | <input type="checkbox"/> Other Relative | <input type="checkbox"/> Shelter | <input type="checkbox"/> Motel |
|---|--|---|----------------------------------|--------------------------------|

Student's Legal Guardian:

| | |
|---------------------------------------|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Father | <input type="checkbox"/> Emancipated Minor |
| <input type="checkbox"/> Mother | |

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

Parent / Guardian 1 (Primary Contact)

| | |
|--|--|
| Parent/Guardian Name _____ | Parent/Guardian 1 Email Address _____ |
| 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 Listed <input type="checkbox"/> Unlisted <input type="checkbox"/> | Parent/Guardian Cellular Phone _____ |

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.

All parents have the right to information about their child's education in a language they understand.
 1. a) In what language do you prefer to receive written communication from the school?

 b) In what language would you prefer to communicate with school staff when speaking?

Parent / Guardian 2

| | |
|--|--------------------------------------|
| Parent/Guardian Name _____ | Parent/Guardian Cellular Phone _____ |
| Mailing Address (If different than Guardian 1 Address) | |
| PO BOX / Street Address _____ | |
| City/State/Zip _____ | |
| Parent/Guardian Home Phone Listed <input type="checkbox"/> Unlisted <input type="checkbox"/> | Parent/Guardian Cellular Phone _____ |
| Parent/Guardian 2 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? _____

Student Information

Student Name _____

Grade _____

School _____

Emergency Information

Please list other local 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 Usage Survey

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.

What language(s) is (are) spoken in your home? _____

What language did your child learn first? _____

What language does your child use most often at home? _____

What language does your family speak most often at home? _____

What language do adults speak most often with each other at home? _____

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.

Where was your child born? _____

When did your child first attend a school in the United State (this includes all US Territories)?

(Kindergarten - 12th grade) _____

Month Day Year

Thank you for providing the information 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.

Migrant Information

Fayetteville Public Schools has a federally funded program, which offers many benefits to our students. To qualify for this program, you must have moved from one school district to another school district or from one state to another state within the last three years for the purpose of seeking or obtaining work in one of the categories below.

Has your family worked in any of the listed areas in the past three (3) years? Yes No If you marked yes, please check the jobs you did.

- Fish or Crawfish Farms
- Poultry or Food Processing
- Hatchery
- Feed Mill
- Picking Fruits or Vegetables
- Cutting or Baling Hay
- Working In Egg House or Dairy
- Planting or Spraying Farm Crops
- Tree Cultivation or Harvest
- Canning Factory
- Commercial Fishing
- Building Fences or Feeding Livestock
- Poultry Houses (Feeding Chickens or Gathering Eggs)
- Plowing, Leveling, Fertilizing Farm Crops

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

- 1 - Active Duty US Army
- 2 - Active Duty Air Force
- 3 - Active Duty Navy
- 4 - Active Duty Marines
- 5 - Active Duty Coast Guard
- 6 - Reserves Army
- 7 - Reserves Air Force
- 8 - Reserves Navy
- 9 - Reserves Marines
- 10 - Army National Guard
- 11 - Air Force National Guard
- 12 - Parents Multiple Branch
- 13 - Not Applicable
- 14 - Reserves Coast Guard

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.

Signature of Parent/Guardian _____

Date _____