

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

Fayetteville Public Schools Enrollment Form

Student Information

Student Name			Travel Type <input type="radio"/> Bus <input type="radio"/> Drives self <input type="radio"/> Parent/Guardian <input type="radio"/> After School Program <input type="radio"/> Walker
Last	First	Middle	
Grade	Age	Date of Birth	
Language spoken by student at home		Gender <input type="radio"/> Male <input type="radio"/> Female	Ethnicity / Race Is the student of Hispanic/Latino origin? <input type="radio"/> Yes <input type="radio"/> No Primary Race <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White Additional Race <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White

Is the student currently suspended, expelled, or involved in an expulsion proceeding from school in any other school district? Yes No

Please list any grade(s) the student has repeated:

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

For Kindergarten students only: Has your child attended one of the following pre-school programs?

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

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

Last School(s) Attended				
School Name	City, State	Grades	Entry Date	Exit Date

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

Another Family Family Friend Other Relative Shelter Motel

Student's Legal Guardian:

Both Parents Guardian
 Father Emancipated Minor
 Mother

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

Parent / Guardian 1 (Primary Contact)

Parent/Guardian Name	Primary Language of Parent/Guardian
Physical Address <i>(Where student is living)</i>	Mailing Address <i>(If different than Physical Address)</i>
Street Address	PO BOX / Street Address
City/State/Zip	City/State/Zip
Parent/Guardian Home Phone Listed <input type="radio"/> Unlisted <input type="radio"/>	Parent/Guardian Cellular Phone
Parent/Guardian 1 Email Address	

Parent / Guardian 2

Parent/Guardian Name
Mailing Address <i>(If different than Guardian 1 Address)</i>
PO BOX / Street Address
City/State/Zip
Parent/Guardian Home Phone Listed <input type="radio"/> Unlisted <input type="radio"/>
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 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 Survey

What language did the student learn when he/she first began to talk?*

What language is most frequently used by adults with each other at home?*

What language is most frequently used by student with siblings?*

What language does the student speak most of the time?*

What language do the parents/guardians speak to the student most of the time?*

Will you need the district to provide an interpreter at school conferences?

What written language would you prefer to receive school communications?

*Parents/Guardians who indicate a language other than English on at least one of these questions must fill out the Parent Student Interview form.

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.

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

- | | | | |
|-------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|
| <input type="radio"/> 1 - Active Duty US Army | <input type="radio"/> 5 - Active Duty Coast Guard | <input type="radio"/> 9 - Reserves Marines | <input type="radio"/> 13 - Not Applicable |
| <input type="radio"/> 2 - Active Duty Air Force | <input type="radio"/> 6 - Reserves Army | <input type="radio"/> 10 - Army National Guard | <input type="radio"/> 14 - Reserves Coast Guard |
| <input type="radio"/> 3 - Active Duty Navy | <input type="radio"/> 7 - Reserves Air Force | <input type="radio"/> 11 - Air Force National Guard | |
| <input type="radio"/> 4 - Active Duty Marines | <input type="radio"/> 8 - Reserves Navy | <input type="radio"/> 12 - Parents Multiple Branch | |

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 _____