



Quitman Public Schools

20__/20__ QUITMAN PUBLIC SCHOOLS ENROLLMENT FORM

TEACHER _____ GRADE _____

Student (first, middle, & last name) _____

Birthdate _____ SS Number _____
Male _____ Female _____ Hispanic/Latino Ethnicity: YES or NO

RACE: Please answer the following in accordance with standards issued by USDOE. Please select ONE primary race:
_____ American Indian or Alaska Native _____ Asian _____ White
_____ Black/African American _____ Native Hawaiian or Pacific Islander

Primary language spoken at home: _____

Student physical address: Street _____ City _____
State _____ Zip _____

Student mailing address (if different from physical): PO Box _____
City _____ State _____ Zip _____

Parent Guardian #1	Parent Guardian #2
Name:	Name:
Relationship to student:	Relationship to student:
Primary language spoken:	Primary language spoken:
Mailing address:	Mailing address:
Email address:	Email address:
Home phone:	Home phone:
Cell phone:	Cell phone:
Work phone:	Work phone:
Employer:	Employer:
Student resides primarily with this parent/guardian: _____	Student resides primarily with this parent/guardian: _____

Are there any LEGAL pick-up or correspondence restrictions concerning your child? YES / NO
If YES, please explain and list names of person(s) below who are restricted from picking up or corresponding with your child.
(A copy of the court ordered restriction must be on file in the office):

Student city of birth: _____ State of birth _____ Country of birth _____

Resident County: _____ Birth Certificate Number: _____

Emergency Contact Information (To be contacted in emergency if parents cannot be reached):

Name	Relationship to Child	Phone #

STUDENT TRAVEL INFORMATION:

Travel to school:

_____ Bus

_____ Drives Self

_____ Parent/Guardian drives (includes walkers)

_____ District Paid Transportation

Travel from school:

_____ Bus

_____ Drives Self

_____ Parent/Guardian picks up (includes walkers)

_____ District Paid Transportation

Is the student a dependent of an active duty or reserve member of a branch of the US Armed Services? Y or N _____

If YES, please indicate which branch of the US Armed Services _____

Is the student a twin, triplet, quadruplet, etc? _____ If so, please specify _____

Name of most recent school attended _____ Fax number _____

Was the student in any special classes? _____ If YES, please circle: G/T(Gifted & Talented),

Resource (Special Education), 504, Self- Contained, Speech, other _____

Does the student have an IEP? _____

Has the student ever been retained? _____ If YES, what grade? _____

Has the student ever been expelled or involved in an expulsion procedure? YES or NO

If YES, provide reason _____

Has the student ever been Homeschooled? _____ If YES, please provide dates of Homeschooling (begin & end) _____

Please list names of all persons living in the home including the student:

Name _____ Age _____ Grade (if applicable) _____

Name _____ Age _____ Grade (if applicable) _____

Name _____ Age _____ Grade (if applicable) _____

Name _____ Age _____ Grade (if applicable) _____

Name _____ Age _____ Grade (if applicable) _____

Name _____ Age _____ Grade (if applicable) _____

Name _____ Age _____ Grade (if applicable) _____

My signature indicates that all the information contained in this two page document is accurate.

Signature of Parent/ Guardian _____ Date _____

Quitman Public School

HEALTH INFORMATION (please answer all questions)

SCHOOL YEAR: _____

Name: _____ M F Teacher: _____ Grade: _____
(Last) (First) (MI)

Social Security Number: _____ Date of Birth: _____ Medicaid or AR Kids #: _____

Address: _____

Parent/Guardian Name(s): _____ Home Phone Number: _____

Father's Employer: _____ Phone: _____ Cell #: _____

Mother's Employer: _____ Phone: _____ Cell#: _____

Authorized Emergency Contact: _____ Phone: _____ Relationship: _____

Authorized Emergency Contact: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Phone: _____ Do you have health insurance? YES NO

Does your child ride a bus? YES NO

Does student have a current medical diagnosis of any of the following conditions? Circle all that apply

- ASTHMA ADD/ADHD WEAR CONTACTS/GLASSES
- DIABETES BLOOD DISORDER HEARING LOSS RIGHT LEFT HEARING AID
- HEART CONDITION CEREBRAL PALSY OTHER (specify): _____
- SEIZURES KIDNEY DISORDER ALLERGIC TO (specify): _____
- SEVERE OR LIFE-THREATENING ALLERGY TO NUTS, LATEX, OR STINGS (specify): _____

What medication(s) is your child currently taking? _____

Do you authorize the use of:

YES NO (Please mark through any medication you may not want your child to receive)

Tylenol Ibuprofen Hydrocortisone Cream Antibiotic Ointment Tums

I acknowledge that the Quitman School District, the Board of Directors, and School Employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent.

I will notify the school of any change in address, phone number, emergency contact or my child's health status. I understand that the above information may be released to appropriate School District employees and emergency personnel in order to facilitate health care for my child. I also understand that in the event of an emergency, EMS will treat and transport my child to the nearest hospital. The hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

In compliance with the Family Education Rights and Privacy Act (FERPA) (20U.S.C. & 1232g; 34 CFR Part 99), I give permission for my child's personally identifiable information/student education records to be disclosed to Third Party Billing Vendor for the purpose of billing Medicaid and/or private insurance for vision and hearing screening.

In compliance with the Family Education Right to Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) I give permission for my child to participate in the School Immunization Clinic. I understand that the appropriate Arkansas Department of Health consent forms will be provided for my consideration prior to the clinic.

Date: _____ Signature of Parent/Guardian: _____

Handbook Acknowledgement

Act 6-18-502 requires documentation of student and parent receipt of student discipline policies. We acknowledge that we have received the Quitman Elementary School Handbook. We understand the district's discipline policies and realize that the student must adhere to these and other policies, rules and procedures included in the handbook. In the event that we are not entirely certain of other aspects of district policy we will contact the principal for clarification.

Student Print _____ Parent Print _____

Student Sign _____ Parent Sign _____

Corporal Punishment

Act 6-18-505 authorizes the use of corporal punishment in a reasonable manner against any student for good cause in order to maintain discipline and order. However, if you object to corporal punishment, please be advised that other means of discipline will be utilized including suspension.

Please indicate your preference by checking and signing below:

Name of student _____

Grade _____ Teacher _____

Yes, Quitman Elementary School may use corporal punishment _____

No, I do not want corporal punishment used. _____

Date _____ Phone Number _____

Parent Name _____

Parent Signature _____

**Signature does not guarantee a phone call to parents before corporal punishment is administered.*

PUBLICATION/PHOTO RELEASE

I understand that from time to time the school may wish to publish examples of student projects, photographs of students, and other work including honor roll in the newspaper or on the Internet/school webpage.

My child's work and photograph CAN be published in the newspaper.

My child's work and photograph CANNOT be published in the newspaper

My child's work and photograph CAN be published on the internet.

My child's work and photograph CANNOT be published on the internet.

Student Name _____ Grade _____

Parent Signature _____

Employment Survey

Your child may qualify to receive: free school supplies, free school meals, free books, free high school credits through correspondence, college scholarships, a free year of college at selected sites, limited health services

Su hijo puede calificar para recibir: útiles escolares gratis, comida en la escuela gratis, libros gratis, créditos para la secundaria por correspondencia gratis, becas para la Universidad, un año de Universidad gratis en sitios seleccionados, servicios de salud limitados.

Parent Information	Información de los Padres
Parent Name (Nombre de padres)	
Contact Number (Teléfono de contacto):	
Physical Address (Dirección física)	City/Ciudad:

Relocation History		
Please Answer	Yes	No (if no STOP here)
In the last 3 years (including summer), did you or a family member leave home/move/go stay elsewhere for more than a week to look for or get work in agriculture or fishing work (See list Below)		
If "YES", please date and provide the following information:		
Moved from: _____		
Check all that Apply	Date	
___ Processing plants (meat, poultry, fruit, dairy products, vegetables)	_____	
___ Chicken Houses (catching, caring for chickens, picking up eggs)	_____	
___ Caring for Livestock	_____	
___ Nurseries (plants or trees)	_____	
___ Cotton Gin	_____	
___ Farming (planting, fertilizing, harvesting crops, cutting and bailing hay, etc...)	_____	
___ Fish Farms	_____	
___ Fruit Harvesting (Watermelons, picking berries)	_____	
___ Timber Work (clearing land, skidding logs, planting, thinning or harvesting trees)	_____	
___ Wood Processing (sorting, trimming, splitting logs, cutting lumber ie: pallet chlp, sawmills)	_____	

Historial de Reubicación		
Por Favor, responda	Sí	No (si no para aquí)
En los últimos 3 años (incluyendo el verano), ¿Usted o algún miembro de su familia se fue de su casa/mudo/vivió en otro lugar por mas de una semana para buscar u obtener trabajo de agricultura o en granjas de peces?		
Si su respuesta es "Sí", por favor de firmar y proveer la siguiente información:		
De donde se movió: _____		
Marque todo lo que aplique	Fecha:	
___ Plantas procesadoras (carne, frutas, verduras, aves de corral, productos lácteos)	_____	
___ Granjas de pollo (agarrando, criando pollos, o levantando huevo)	_____	
___ Cuidando Ganado	_____	
___ Agricultura (plantando, cosechando cultivos, cortando y empacando paja etc...)	_____	
___ Viveros (plantas o arboles)	_____	
___ Pisca de algodón	_____	
___ Graneros o compañies de semilla	_____	
___ Cosecha de fruta (sandia or recogiendo uvas)	_____	
___ Trabajo de Madera (limpiar la tierra, derra-par troncos, sembrar o cortar arboles)	_____	
___ Processamiento de madera (clasificando, po-dando, corte de troncos, corte de maderea es	_____	
___ decir: paletas de madera, astillando madera, aserraderos.	_____	

List all Children in the household under 22		Escriba los nombres de todos los niños menores de 22 años.	
Name/Nombre	Age/Edad	Name Nombre	Age/Edad
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. Do not simply include this form in the registration packet because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____ / ____ / ____ Grade: ____ ID#: ____
 Female Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____

- In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date

If the student is **NOT** living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.