

Lawrence County School District

Phone: (870)886-3482

Walnut Ridge Elementary School Enrollment Form

Fax: (870)292-3460

GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:
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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

Address: _____	<input type="checkbox"/> Mailing Address is same as Physical/911 Address
City: _____	Address: _____
State: _____ Zip Code: _____	City: _____
	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: _____
<input type="checkbox"/> Student Primarily Resides with this Guardian.	<input type="checkbox"/> 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 %: _____

Walnut Ridge Elementary School Enrollment Form

ADDITIONAL STUDENT INFORMATION

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

TRAVEL INFORMATION

<p style="text-align: center;">Travel To School (Please check one)</p> <p><input type="checkbox"/> Bus (Bus Number _____)</p> <p><input type="checkbox"/> Drives Self</p> <p><input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)</p> <p><input type="checkbox"/> District Paid Transportation</p> <p style="text-align: center;">Distance From Home to School (Miles) One Way: _____</p>	<p style="text-align: center;">Travel From School (Please check one)</p> <p><input type="checkbox"/> Bus (Bus Number _____)</p> <p><input type="checkbox"/> Drives Self</p> <p><input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)</p> <p><input type="checkbox"/> District Paid Transportation</p>
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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.

<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 Marines
<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 Marines	<input type="checkbox"/> National Guard – US Army	<input type="checkbox"/> National Guard – US Air Force	<input type="checkbox"/> 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: _____	<input type="checkbox"/> 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 ALLOWED to check out/pick up this child from school: _____

Parent/Guardian Signature _____

Date _____

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)

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Residential Broadband | <input type="checkbox"/> Dial-up |
| <input type="checkbox"/> Cellular Network | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hotspot | <input type="checkbox"/> None |
| <input type="checkbox"/> Community Provided Wi-Fi | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> 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)

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Desktop Computer | <input type="checkbox"/> Smartphone |
| <input type="checkbox"/> Laptop Computer | <input type="checkbox"/> None |
| <input type="checkbox"/> Tablet | <input type="checkbox"/> Other |
| <input type="checkbox"/> 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

Lawrence County School District Student Health Form

to be filed in Nurse's Office

Student's Full Legal Name _____

Mailing Address _____

Street City Zip

Physical Address _____

Street City Zip

Father/Guardian living at this address: _____ Phone # _____

Place of work _____ Phone # _____

Mother/Guardian living at this address: _____ Phone # _____

Place of work _____ Phone # _____

Additional Contacts if Parent/Guardian cannot be reached in the event of an emergency:

Name	Relationship	Home/Cell #	Work #

List of current medications: (additional meds may be listed on the back of this form)

Name of Medication	Strength	Time Given	Reason for Medication

My child may be given Tylenol, Ibuprofen, Tums, Benadryl, throat lozenges, or topical skin treatment if needed. () Yes () No

Student Medical History	Yes	No	Comments
Attention Deficit Disorder			
Allergy = Medication (list name)			
Allergy = Bee Sting (what treatment is required?)			
Allergy = Foods (list) (what treatment is required?)			
Asthma			
Will student need an inhaler at school?			*(student may carry inhaler with note from Doctor).
Diabetes			
Hearing / Vision Problems			
Heart Problems			
Seizure Disorder			
Other (please identify)			

Name of Child's Doctor: _____ Phone # _____ Medicaid # _____

If you **DO NOT** want Lawrence County School District to access Medicaid for healthcare services delivered to your child, sign below.

Parent/Guardian Signature _____ Date _____

Emergency authorization: If I cannot be contacted immediately in case of an emergency, as parent/guardians, I hereby authorize school personnel to call and/or arrange for transportation to the nearest emergency facility. I will relieve school employees of all responsibility and assume all medical fees.

Contact Information: I will inform staff of any changes in personal contact information.

Release of student information: As parent/guardian, I authorize to the school caregivers of Lawrence County School District to share medical information with pertinent school staff. This information shall be disclosed on a need to know basis only pertaining to the care of my child at school, field trips, activities, and other designation school functions. Should questions arise regarding our child's health or safety, the school may contact the child's physician and/or pharmacist.

Medications: I, parent/guardian, understand if my child carries an inhaler/epi-pen on their person, they will be required to have a written note from their health care provider. Students with inhalers/epi-pens or any medications, prescription or OTC, will be subject to punishment under the drug policy if they allow another student to use their inhalers/epi-pens or medications.

Date Parent/Guardian (printed) Parent/Guardian (signature)

KINDERGARTEN PHYSICAL FORM

Must be completed by a Physician. Physician may use their own form.

Last Name _____ First _____ Middle Initial ____ Gender _____

Parent or Guardian _____ Family Physician _____

	NL	ABNL	Comments
B/P _____ WT _____ HT _____			
SKIN: Color, Rash, Swelling, Hair, Nails			
EYES: Conjunctiva, Cornea, Pupils, Extraocular Movement			
EARS: Pinnae, Canals, Tympanic Membrane, Appearance, Mobility			
NOSE: Nares, Turbinates			
MOUTH: Tongue, Teeth, Oral Mucosa, Tonsils, Pharynx			
NECK: Thyroid, Range of Motion			
NODES: Cervical, Axillary, Inguinal, Other			
HEART: Rate, Rhythm, S1, S2, Murmur, Femoral Pulses			
LUNGS: Rate, Auscultation, Percussion			
ABDOMEN: Contour, Palpation of liver, Spleen, Kidneys, Mass, Tenderness			
GENITO-URINARY: Female External, Male Penis, Meatus, Testes, Hernia			
MUSCULOSKELETAL: Range of Motion, Tenderness, Edema, Clubbing, Spine (Curvature)			
NEUROLOGICAL: Gait, Cerebellar Function, Motion System (Strength, Tone), Cranial Nerves (Gross)			
DEVELOPMENTAL			
Gross Motor			
Fine Motor			
Social			
Speech/Language			

Check if the child has/had the following illnesses:

Asthma Diabetes

Chicken Pox Ear Infections

Ear Tubes (still in place R L)

Medications _____

Diet Restriction _____

Special Equipment _____

Allergies to food _____

Allergies to medication _____

General comments / Recommendations _____

I have performed a physical assessment on this child on the date indicated and have arranged for any follow-up that was or is needed.

Signature _____ Phone _____ Date Signed _____ Date of Exam _____

Walnut Ridge Elementary School

Student Check-out/Pick-up Information

Student Name _____

Grade _____

The following individual(s) are **allowed** to check out/pick up my child(ren) from school.

Note: When the individual comes to check out your child they will be asked for identification if they are unfamiliar to office personnel. Make sure the person picking you child up knows the child's birthdate.

Please print

1.	
2.	
3.	
4.	
5.	

The following individual(s) are **not allowed** to check out/pick up my child(ren) from school.

Please print

1.	
2.	
3.	
4.	
5.	

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date