

# STUDENT DATA

## POTTSVILLE MIDDLE GRADES

SOCIAL SECURITY # \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 (optional)  
 SEX-M F (CIRCLE ONE) DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

**ETHNIC GROUP** (Please mark one)  
 1. Is this student Hispanic or Latino?  
 \_\_\_ No, not Hispanic or Latino  
 \_\_\_ Hispanic \_\_\_ Latino

**STUDENT RACE** (Please mark one)  
 2. What is the student's race?  
 \_\_\_ American Indian or Alaska Native  
 \_\_\_ Asian  
 \_\_\_ Black or African American  
 \_\_\_ Native Hawaiian or Other Pacific Islander  
 \_\_\_ White

Is the student a military dependent of "ACTIVE" duty military personnel? \_\_\_ If so, what Branch? \_\_\_\_\_  
 Was the student born of a multiple birth, example: twins, triplets, etc... \_\_\_\_\_

HOME MAILING ADDRESS \_\_\_\_\_ HOME PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**\*ALERT PHONE** \_\_\_\_\_ **\*Alert phone is used by the district's automated phone message system**

Names & Ages of Siblings enrolled in a Pottsville school \_\_\_\_\_

### GUARDIAN/CUSTODIAL INFORMATION

GUARDIAN CODE 1-BOTH PARENTS  
 (CIRCLE ONE) 2-FATHER  
 3-MOTHER  
 4-GUARDIAN

GUARDIAN 2 1-BOTH PARENTS  
 (CIRCLE ONE) 2-FATHER  
 3-MOTHER  
 4-GUARDIAN

**GUARDIAN 1**

**GUARDIAN 2**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY,STATE,ZIP \_\_\_\_\_

CITY,STATE,ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_ EXT \_\_\_\_\_

WORK PHONE \_\_\_\_\_ EXT \_\_\_\_\_

CELL # \_\_\_\_\_

CELL # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_  
 NAME/RELATIONSHIP TO STUDENT PHONE NUMBER

EMERGENCY CONTACT PERSON \_\_\_\_\_  
 NAME/RELATIONSHIP TO STUDENT PHONE NUMBER

Please list the names of anyone who **IS ALLOWED** to check out/pick up this student from school:  
 \_\_\_\_\_

Is this student in the process of being suspended and/or expelled, or has been suspended and/or expelled from the previous school? Yes \_\_\_ No \_\_\_

\*\*I \_\_\_\_\_ SWEAR THAT MY CHILD IS A LEGAL STUDENT AT POTTSVILLE

PARENT SIGNATURE  
 SCHOOL BECAUSE OF BEING \_\_\_\_\_ A LEGAL TRANSFER OR \_\_\_\_\_ A RESIDENT OF THE SCHOOL DISTRICT. ANY PERSON WHO KNOWINGLY GIVES A FALSE RESIDENTIAL ADDRESS FOR PURPOSES OF PUBLIC SCHOOL ENROLLMENT IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED FIVE HUNDRED DOLLARS (\$500.00).

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



Pottsville Middle Grades  
6926 River Rd  
Pottsville, AR 72858  
Phone: 479-890-6631/Fax: 479-968-6446

Date: \_\_\_\_\_

Please send all cumulative school records of the following students including transcripts of grades, health records (including immunizations and birth certificate), all special education records, Sped , 504 and any other information available that would be helpful in placing the student(s) listed below.

Student	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of last School attended

Address of School

I, \_\_\_\_\_, grant Pottsville Middle Grades permission to retrieve by facsimile or email academic enrollment records for my child, \_\_\_\_\_.

(Student's Name)

# Employment Questionnaire

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
<input type="checkbox"/> Processing plants (meat, poultry, fruit, dairy products, vegetables)	_____
<input type="checkbox"/> Chicken Houses (catching, caring for chickens, picking up eggs)	_____
<input type="checkbox"/> Caring for Livestock	_____
<input type="checkbox"/> Nurseries (plants or trees)	_____
<input type="checkbox"/> Cotton Gin	_____
<input type="checkbox"/> Farming (planting, fertilizing, harvesting crops, cutting and bailing hay, etc...)	_____
<input type="checkbox"/> Fish Farms	_____
<input type="checkbox"/> Fruit Harvesting (Watermelons, picking berries)	_____
<input type="checkbox"/> Timber Work (clearing land, skidding logs, planting, thinning or harvesting trees)	_____
<input type="checkbox"/> Wood Processing (sorting, trimming, splitting logs, cutting lumber ie: pallet chip, 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 "Si", por favor de firmar y proveer la siguiente información:

De donde se movió: \_\_\_\_\_

Marque todo lo que aplique	Fecha:
<input type="checkbox"/> Plantas procesadoras (carne, frutas, verduras, aves de corral, productos lácteos)	_____
<input type="checkbox"/> Granjas de pollo (agarrando, criando pollos, o levantando huevo)	_____
<input type="checkbox"/> Cuidando Ganado	_____
<input type="checkbox"/> Agricultura (plantando, cosechando cultivos, cortando y empacando paja etc...)	_____
<input type="checkbox"/> Viveros (plantas o arboles)	_____
<input type="checkbox"/> Pisca de algodón	_____
<input type="checkbox"/> Graneros o compañías de semilla	_____
<input type="checkbox"/> Cosecha de fruta (sandia or recogiendo uvas)	_____
<input type="checkbox"/> Trabajo de Madera (limpiar la tierra, derrapar troncos, sembrar o cortar arboles)	_____
<input type="checkbox"/> Processamiento de madera (clasificando, podando, corte de troncos, corte de madera es	_____
<input type="checkbox"/> 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Return to School Office

2019-2020



### HOUSING INFORMATION FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

List all children in your family birth through age 21.

Name of Child	School	Age	Grade	Date of Birth

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians?

Yes            No

Return to School Office

**Housing and Educational Rights**

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at [Insert phone number] or the State Coordinator at 501-683-5428.

By signing below, I acknowledge that I have received and understand the above rights.

---

*Signature of Parent/Guardian/Unattached Youth*

*Date*

---

*Signature of McKinney-Vento Liaison*

*Date*

Return to School Office



## Services for McKinney-Vento Identified Students

Student: \_\_\_\_\_

School: \_\_\_\_\_

Grade \_\_\_\_\_

Please check the services needed or desired:

- Free Lunch
- Transportation to the school of origin
- Clothing/Uniform
- School supplies
- Counseling
- Medical/dental referral
- Vision referral
- Medicaid/DSHS services – food stamps
- Preschool Enrollment records
- Missing enrollment records
- Birth certificate

- Immunization/medical records
- Tutoring
- After-school programs
- Teen Center
- Mentoring
- Special Education
- Gifted/talented
- Vocational/technical
- Community resource
- Prior academic records
- LEP/Bilingual program
- Guardianship issues

\_\_\_\_\_  
*Signature of Parent/Guardian/Unattached Youth*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of McKinney-Vento Liaison*

\_\_\_\_\_  
*Date*





**Arkansas Department of Education (ADE)  
Home Language Usage Survey**

English/July 2019

The Home Language Usage Survey is completed by *all* students initially enrolling in Arkansas schools.

<b>Student Name:</b>		<b>Grade:</b>	<b>Date:</b>
<b>School:</b>	<b>Student State ID #:</b>	<b>Gender:</b>	<b>Date of Birth:</b>
Parent/Guardian Name:		Parent/Guardian Signature:	
<p><b>Right to Translation and Interpretation Services</b> Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>		<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. a) In what language do you prefer to receive written communication from the school? _____</p> <p>b) In what language would you prefer to communicate with school staff when speaking? _____</p>	
<p><b>Eligibility for Language Development Support</b> 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.</p>		<p>2. What language(s) is (are) spoken in your home? _____</p> <p>3. What language did your child learn first? _____</p> <p>4. What language does your child use most often at home? _____</p> <p>5. What language does your family speak most often at home? _____</p> <p>6. What language do adults speak most often with each other at home? _____</p>	
<p><b>Prior Education</b> 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. <b><i>This form is not used to identify students' immigration status.</i></b></p>		<p>7. Where was your child born? _____</p> <p>8. When did your child first attend a school in the United States (this includes all US territories)? (Kindergarten – 12<sup>th</sup> grade) _____ Month          Day          Year</p>	

Thank you for providing the information needed 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.



**Note to district:** This form is available in multiple languages on <http://www.arkansased.gov/divisions/learning-services/english-learners>. A response that includes a language other than English to questions #1-6 indicates English language proficiency screening is needed.

This work, "Arkansas Department of Education (ADE), Home Language Survey", is a derivative of "OSPI Home Language Survey" by OSPI, used under CC BY. "Arkansas Department of Education (ADE), Home Language Survey" is licensed under CC BY by the English Learners Unit of the Arkansas Department of Education.



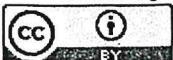
**Departamento de Educación de Arkansas (ADE)**  
**Encuesta sobre el uso de los idiomas en el hogar**

**Todos los estudiantes que se inscriben por primera vez en las escuelas de Arkansas deben llenar la encuesta sobre el uso de los idiomas en el hogar.**

<b>Nombre del estudiante:</b>		<b>Grado:</b>	<b>Fecha:</b>
<b>Escuela:</b>	<b>Nro. de ID del estado del estudiante:</b>	<b>Sexo:</b>	<b>Fecha de nacimiento:</b>
Nombre del padre/tutor:		Firma del padre/tutor:	
<p><b>Derecho a servicios de traducción e interpretación</b>  Indique el idioma de su preferencia para que podamos ofrecerle un intérprete o documentos traducidos sin costo alguno, cuando los necesite.</p>	<p>Todos los padres tienen derecho a estar informados sobre la educación de sus hijos en un idioma que puedan entender.</p> <p>1. a) ¿En qué idioma prefiere recibir los mensajes escritos de la escuela?  _____</p> <p>b) ¿En qué idioma preferiría comunicarse de forma oral con el personal de la escuela?  _____</p>		
<p><b>Elegibilidad para apoyo de desarrollo lingüístico</b>  La información sobre el uso del idioma del estudiante nos ayuda a identificar a aquellos que puedan ser elegibles para recibir apoyo prolongado para desarrollar las habilidades lingüísticas necesarias para el éxito académico. Es posible que se requiera realizar pruebas para determinar si el apoyo lingüístico es necesario.</p>	<p>2. ¿Qué idiomas se hablan en casa?  _____</p> <p>3. ¿Qué idioma aprendió primero su hijo?  _____</p> <p>4. ¿Qué idioma usa su hijo con mayor frecuencia en el hogar?  _____</p> <p>5. ¿Qué idioma habla su familia con mayor frecuencia en el hogar?  _____</p> <p>6. ¿Qué idioma hablan los adultos entre sí con mayor frecuencia en el hogar?  _____</p>		
<p><b>Educación previa</b>  Sus respuestas sobre el país natal y la educación previa de su hijo nos brindan información sobre el conocimiento y las habilidades que el estudiante trae a la escuela.  <b>Este formulario no se usa para identificar la situación migratoria de los estudiantes.</b></p>	<p>7. ¿Dónde nació su hijo? _____</p> <p>8. ¿Cuándo fue la primera vez que su hijo asistió a la escuela en los Estados Unidos (esto incluye todos los territorios de los EE. UU.)?  (Jardín de infancia - 12.º grado)</p> <p>_____</p> <p>Mes                  Día                  Año</p>		

Gracias por proporcionar la información necesaria en la encuesta sobre los idiomas en el hogar. Comuníquese con la escuela de su hijo si tiene preguntas adicionales sobre este formulario o sobre los servicios escolares disponibles.

**Nota para el distrito:** Este formulario está disponible en varios idiomas en <http://www.arkansased.gov/divisions/learning-services/english-learners>. Una respuesta que incluya un idioma diferente al inglés en las preguntas desde la nro. 1 a la nro. 6 indica que se requiere una prueba de dominio del idioma inglés.



Este trabajo, "Encuesta sobre los idiomas en el hogar del Departamento de Educación de Arkansas (ADE)", se deriva de la "Encuesta sobre los idiomas en el hogar de la Oficina del Superintendente de Instrucción Pública (OSPI)" de la Oficina del Superintendente de Instrucción Pública (Office of Superintendent of Public Instruction, OSPI) y se usa bajo la licencia CC BY. "La encuesta sobre los idiomas en el hogar del Departamento de Educación de Arkansas (ADE)" está autorizada por la Unidad de Estudiantes de Inglés del Departamento de Educación de Arkansas bajo la licencia CC BY.



**POTTSVILLE SCHOOL DISTRICT**  
**STUDENT MEDICAL INFORMATION**  
(PLEASE PRINT CLEARLY)

Student's Name \_\_\_\_\_  
S.S. # \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
Ethnic Code (Circle One) Asian Black Hispanic Indian White Other \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent / Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Father's Work \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_  
Mother's Work \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_  
Name and ages of all siblings \_\_\_\_\_  
E-Mail Address (Optional) \_\_\_\_\_

Please list **two** local people to contact if above cannot be reached:

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell# \_\_\_\_\_  
Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Family Doctor \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Does Student Take Any Medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate type of medication: \_\_\_\_\_  
Side Effects (if any) \_\_\_\_\_ Any Drug Allergy \_\_\_\_\_

**\*SEE SCHOOL DISTRICT MEDICATION POLICY FOR ANY MEDICATION NEEDED WHILE AT SCHOOL**  
(SEE HANDBOOK FOR CURRENT MEDICATION POLICY)

Has a Licensed Professional diagnosed student with ADD/ADHD? Yes \_\_\_ No \_\_\_

**\*\*If Yes, Please provide a copy of evaluation confirming ADD/ADHD\*\***

Does student have any health problems that the school nurse should know about?  
(Diabetes, asthma, epilepsy, hearing problems, allergy to food or stings, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, please explain here \_\_\_\_\_

May this health information be shared with staff involved with your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Does Student Have An ARKIDS 1st/Medicaid Card? Yes \_\_\_ No \_\_\_ (#) \_\_\_\_\_

Can Medicaid information be shared for 3<sup>rd</sup> party Medicaid billing? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Billing for Vision and Hearing screenings only)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

Pottsville Middle Grades  
6926 River Rd  
Pottsville, AR 72858  
479-890-6631  
Fax: 968-6446

Dear Parent:

Please provide the following transportation information regarding your child's transportation. Please indicate normal means of transportation to and from school such as school bus, car rider, parent walk up or walks home. State law now requires that schools have on file each child's means of transportation.

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Bus \_\_\_\_\_ Bus# \_\_\_\_\_

Child Care Van \_\_\_\_\_ Name of Child Care Agency \_\_\_\_\_

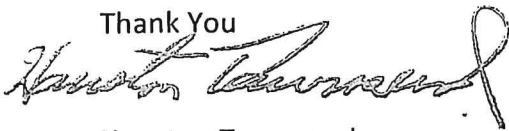
Car Rider \_\_\_\_\_

Parent Walk up \_\_\_\_\_

Walk home \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Thank You



Houston Townsend  
Principal

Hello Pottsville Middle Grade Parents!

It's a great new year, and we want to extend an invitation to you, to be a part of the PMG PTO. We have a great staff, great parents, and we always want what's best for the students here at PMG.

Our one and only fundraiser is Cookie Dough, which starts around the first week of September. This is how we pay for most of the activities throughout the year. Any help you can provide is appreciated. Thank you in advance.

**There are no membership dues;** we just need your help. So please, look over the form at the bottom and fill out what works best for you. Please return the form along with all other required forms for school.

Sincerely,

PMG PTO

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Name: \_\_\_\_\_ Childs Name & Grade: \_\_\_\_\_

Phone : \_\_\_\_\_ Email Address: \_\_\_\_\_

I can help with:

Distributing Cookie Dough: \_\_\_\_\_

Volunteering at School: \_\_\_\_\_

Bringing Food/Drinks: \_\_\_\_\_

AR Parties: \_\_\_\_\_

Days I'm Available: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_