

## 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 \_\_\_\_\_

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

#### GUARDIAN/CUSTODIAL INFORMATION

LIVING WITH (CIRCLE ONE)  
 A-ALONE  
 D-FATHER/STEPMOTHER  
 E-MOTHER/STEPFATHER  
 F-FATHER ONLY  
 G-GRANDPARENTS  
 H-HOMELESS  
 GUARDIAN CODE (CIRCLE ONE)  
 1-BOTH PARENTS  
 2-FATHER  
 3-MOTHER  
 4-GUARDIAN

I-INSTITUTION  
 L-LEGAL GUARDIAN  
 M-MOTHER ONLY  
 P-BOTH PARENTS  
 S-SPOUSE  
 T-FOSTER PARENTS

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

**GUARDIAN 1**  
 NAME \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_  
 WORK PHONE \_\_\_\_\_ EXT \_\_\_\_\_  
 CELL # \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

**GUARDIAN 2**  
 NAME \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_  
 WORK PHONE \_\_\_\_\_ EXT \_\_\_\_\_  
 CELL # \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

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

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).

# POTTSVILLE MIDDLE GRADES STUDENT MEDICAL INFORMATION

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

S. S. # \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work# \_\_\_\_\_

Father's Name \_\_\_\_\_ CellPhone \_\_\_\_\_ Work# \_\_\_\_\_

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

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

Name: \_\_\_\_\_

home phone# \_\_\_\_\_ cell# \_\_\_\_\_ work# \_\_\_\_\_

Name: \_\_\_\_\_

home phone# \_\_\_\_\_ cell# \_\_\_\_\_ work# \_\_\_\_\_

**\*\*\*\*SEE MEDICATION GUIDELINES FOR MEDICATION PRIVILEGES WHILE AT SCHOOL\*\*\*\***

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

If yes, indicate type of medication \_\_\_\_\_

Side effects (if any) \_\_\_\_\_ Any Drug Allergy \_\_\_\_\_

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 & teacher should know about?

(diabetes, asthma, epilepsy, hearing problems, allergy to bee or wasp stings, etc)? Yes \_\_\_ No \_\_\_

If yes, please explain & send emergency medication. \_\_\_\_\_

\_\_\_\_\_

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

Does student have an ARKIDS 1<sup>st</sup>/Medicaid Card? Yes \_\_\_ No \_\_\_ (#) \_\_\_\_\_

May this information be shared for billing purposes? Yes \_\_\_ No \_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian



# HOME STATUS SURVEY

*If you (the student) are living with one or both parents in a one family dwelling, please disregard this form.*

Complete this form ONLY if:

- student is living with either parent in a multi-family dwelling (more than one family in the home)
- student is living in a motel
- student is living in a shelter
- student is living in sub-standard environment
- student is living with someone other than parent

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Do you live in: (check one)

Apartment \_\_\_\_\_

House \_\_\_\_\_

Vehicle \_\_\_\_\_

(Car, camper, bus)

Family Shelter \_\_\_\_\_

Youth Shelter \_\_\_\_\_

Park/Campsite \_\_\_\_\_

Mobile Home \_\_\_\_\_

Other \_\_\_\_\_

Do you live with:

Parent \_\_\_\_\_ Friend \_\_\_\_\_ Aunt/Uncle \_\_\_\_\_ Foster Parent \_\_\_\_\_

Sister/Brother \_\_\_\_\_ Grandparent(s) \_\_\_\_\_ Other \_\_\_\_\_

Is the person you live with your legal guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

McKinney-Vento Homeless Assistance Act- No Child Left Behind Act of 2001

For office use only:

Secretary file one (1) copy and give one (1) copy to cafeteria supervisor.

\_\_\_\_\_  
(Signature)

Pottsville School District  
Home Language Survey  
(Encuesta de Lenguaje en Casa)

Student's Name \_\_\_\_\_ School \_\_\_\_\_  
(Nombre de estudiante) (Escuela)

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
(Fecha de Nacimiento) (Genero) (Edad)

Teacher \_\_\_\_\_ Grade \_\_\_\_\_  
(Maestra/maestro) (Grado)

	English (Inglés)	Spanish (Español)	Other (Otro)
What language is spoken in your home most of the time? (¿Cuál es el idioma que habla más en su casa?)			
What language does the student speak most of the time? (¿Cuál es el idioma que habla más el estudiante?)			
What language do parents/guardians speak to the student most of the time? (¿Cuál es el idioma que le hablan más los padres al estudiante?)			

What services has your child received in previous schools?  
(¿Qué servicios ha recibido su hijo/a en su escuela anterior?)

ESL (ELL)    
  Gifted & Talented (G.T.)    
  Special Education (Educación Especial)    
  Speech (Discurso)    
  Other (Otro)

What grade did your child first enroll in Arkansas schools? \_\_\_\_\_  
(¿En qué grado se inscribió su hijo cuando llegó a una de la escuela de Arkansas por primera vez?)

What grade did your child first enroll in any U.S. school? \_\_\_\_\_  
(¿En qué grado se inscribió su hijo por primera vez en los estados unidos?)

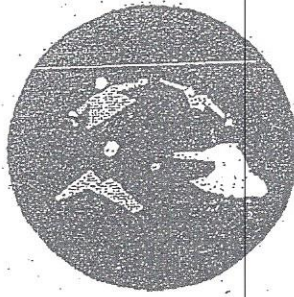
What written language would you prefer to receive school communications (such as attendance letters, etc.)?  
(¿En qué idioma prefiere recibir información escrita por parte de la escuela (tal como cartas de asistencia, etc.)?)

English (Inglés)    
  Spanish (Español)    
  Other (Otro) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature  
(Firma del padre/guardián)

\_\_\_\_\_  
Date  
(Fecha)

PLEASE INCLUDE THIS  
FORM IN ENROLLMENT  
PACKETS.



## AGRICULTURAL QUESTIONNAIRE FORM

*Your children may qualify for tutoring, books, school supplies, preschool information, high school correspondence courses, college or vocational/technical scholarships, and limited health services.*

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S NAME (S) \_\_\_\_\_

PHONE # \_\_\_\_\_ MESSAGE/CELL PHONE # \_\_\_\_\_

STREET NAME \_\_\_\_\_ HOUSE OR APT. # \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Has your family moved across a school district line within the past three years to look for or do any of the following types of jobs? (Examples are given.)

YES \_\_\_\_\_ NO \_\_\_\_\_

- FOOD PROCESSING--(Chicken, turkey, beef, hog, vegetables, fruits)
- FARM WORK - (Cattle, Dairy, Chicken, Hog, Fruits, Vegetables, Sod, Plant Nursery)
- CHICKEN CATCHING, CHICKEN VACCINATING
- HARVESTING TREES -(Planting, marking, girdling, cutting, skidding)
- SOD FARMING
- WORKING WITH BEES
- WORKING ON A FISH FARM, FISHING FOR AN INCOME
- WORKING AT A COTTON GIN OR GRANARY

When is the best time to contact you to determine if your children qualify for these free services? \_\_\_\_\_

PLEASE RETURN THIS QUESTIONNAIRE TO SCHOOL TOMORROW.

Thank you!

POTTSVILLE MIDDLE GRADES

6926 SR 247

Pottsville AR 72858

Phone: 479-890-6631

Fax: 479-968-6446

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 or walks. State law now requires that schools have on file each child's means of transportation.

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

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

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

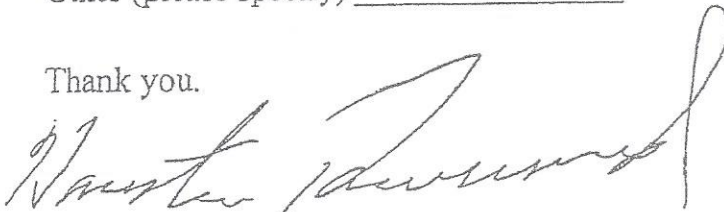
Child Care Van \_\_\_\_\_ Name of Child Care Agency \_\_\_\_\_

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

Walk \_\_\_\_\_

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

Thank you.



HOUSTON TOWNSEND

Principal