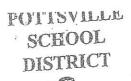
STUDENT DATA POTTSVILLE MIDDLE GRADES

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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	HispanicLatino	Black or Africa	n American n or Other Pacific Islander
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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			ā
Name:			_
home phone#	cell#		work#
Name:			-
home phone#	cell#		work#
****SEE MEDICATION GUID	ELINES FOR MED	CATION PRIVILED	SES WHILE AT SCHOOL****
Does Student Take Any Med			
Side effects (if any)_			
Has a Licensed Professional	diagnosed student	with ADD/ADHD?	YesNo
If yes, please provi			
Does student have any heal			
(diabetes asthma epilepsy,	hearing problems, a	allergy to bee or wa	sp stings, etc)? Yes No
11 900, produce 1	а		
May this information be share	red with staff involve	ed with your child?	YesNo
			#)
May this information be sha			-
May this information be one	iod for Simily Payles		
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:

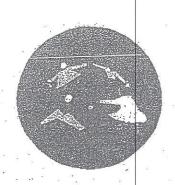
- student is living with either parent in a multi-family dwelling (more than one family in the home)
- student is living in a motel
- student is living in a shelter
- student is living in sub-standard environment
- student is living with someone other than parent

A, A. De control of the control of t
Sex:
Home Phone:
,
*
ielternpsite
Foster ParentOther
YesNo
ent Signature)
e e
o Child Left Behind Act of 2001
opy to cafeteria supervisor.
. (Signature)

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

	Sahar	.1		20 to 10
Student's Name	School (Escuela)			
(Nombre de estudiante)	(Escuela	a)		
	A		2.5	a ^{re}
Date of Birth Gender_	Age			
(Fecha de Nacimiento) (Genero)	(Eda	id)		
Teacher	Grad	Statistical System Statistics and Commission of the Statistics of		
(Maestra/maestro)	(Grade)		
			Spanish	Other
		(Inglés)	(Español)	(Otro)
What language is spoken in your home most of the ti	me?			
(¿Cuál es el idioma que habla más en su casa?)				
What language does the student speak most of the tir	ne?			
What language does the student speak most of the ski				
(¿Cuál es el idioma que habla más el estudiante?)	dent most of			
What language do parents/guardians speak to the str	ident most of	8		
the time?	1. (.0)			
(¿Cuál es el idioma que le hablan más los padres al estu-	diante?)			
What services has your child received in previous scl	iools?			,
(¿Qué servicios ha recibido su hijo/a en su escuela anter	ior?)	C	η	Other
FSI Gifted & Talented Specia	l Education	mental committee and	ech	
(ELL) (G.T.) (Educado	ión Especial)	(D1:	scurso)	(Otro)
	T .			
What grade did your child first enroll in Arkansas s	chools?			
(¿En qué grado se inscribió su hijo cuando llegó a una d	e la escuela de	Arkansas	por primer	a vez?)
(Spir due Bruco se moeriore par mile.			ū.	
What grade did your child first enroll in any U.S. sc	hool?		St	
(¿En qué grado se inscribió su hijo por primera vez en l	os estados unid	os?)		
(¿En que grado se inscribio su injo por primera vez en r	03 oblitios anno	00.7		
	cheel community	nicotions	(errch as at	ttendance
What written language would you prefer to receive	CHOOL COMMU		(Such as a	COMMINICO
letters, etc.)?	. 1 1	1- (4-1 ·	a como a conta	de ogistancia
(¿En qué idioma prefiere recibir información escrita por	parte de la esc	cuera (tar c	como carras	s de asistencia,
etc.)?			12	
English Spanish Oth	er-			
(Inglés) (Español) (Otre	o)			
(and and and and and and and and and and	95°			
	¥			
	Date	and the second of the second		ti
Parent/Guardian's Signature	(Fecha)			
(Firma del padre/guardián)	(T. Prina)			

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. GRADE DATE STUDENT'S NAME_ PARENT'S NAME (S) PHONE # MESSAGE/CELL PHONE #____ STREET NAME_____HOUSE OR APT. #____ ZIP CODE CITY/STATE ____ 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.) NO YES 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:

Principal

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.

	In the second se
Student's Name	
Parent's Name	1 12 12 12 12 12 12 12 12 12 12 12 12 12
Bus #	-
Child Care Van	Name of Child Care Agency
Car Rider	
Walk	
Other (please specify)	
Thank you.	