

Anne Watson Elementary  
Mailing: 114 W Panther Drive  
2768 Hwy 60 E  
Bigelow, AR 72016  
(501) 759-2638 FAX (501) 759-3036

April 8, 2020

Dear Parents & Guardians:

Preschool and Kindergarten Registration for the 2020-2021 school year will be held on Friday, March 8th, in the Anne Watson Elementary Library. If your child will be 3/4 years old by August 1, 2020, come find out if he/she qualifies for Preschool! If your child will be 5 years old by August 1, 2020, please come register him/her for Kindergarten!

In order to register your child for Preschool or Kindergarten, you will need the following documents.

\_\_\_\_ Certified Birth Certificate

\_\_\_\_ Updated Shot Record

\_\_\_\_ Social Security Card

\_\_\_\_ Proof of Residency such as a bill or driver's license (K Registration only)

\_\_\_\_ Physical (K Registration only)

\*If you do not have a child in your family who needs to be registered for Preschool or Kindergarten this year, please pass this information on to anyone you know with age-eligible children!

Please feel free to call us if you have any questions! We look forward to seeing you there!

Sincerely,

Amy Jones  
Anne Watson Elementary Principal

# EAST END SCHOOL DISTRICT

Phone: (501)759-2638

ANNE WATSON ELEMENTARY Enrollment Form

Fax: (501)759-3036

## GENERAL STUDENT INFORMATION

<b>FIRST NAME:</b>	<b>MIDDLE NAME:</b>	<b>LAST NAME:</b>
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Birthdate: \_\_\_\_\_

Gender: Female Male

Nickname: \_\_\_\_\_

Grade: \_\_\_\_\_

SSN (Optional): \_\_\_\_\_

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: \_\_\_\_\_

<b>Student Physical/911 Address</b>	<b>Student Mailing Address</b>
Address: _____	<input type="checkbox"/> Mailing Address is same as Physical/911 Address
City: _____	Address: _____
State: _____ Zip Code: _____	City: _____
	State: _____ Zip Code: _____

## PARENT/GUARDIAN CONTACT INFORMATION

<b>Parent/Guardian 1</b>	<b>Parent/Guardian 2</b>
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: _____	Work Phone: _____
Employer: _____	Employer: _____
<input type="checkbox"/> Student Primarily Resides with this Guardian.	<input type="checkbox"/> Student Primarily Resides with this Guardian.

**Alert System Phone 1 (A):** \_\_\_\_\_

**Alert System Phone 2 (A1):** \_\_\_\_\_

**\*Alert System Phone is used by the district's automated phone messaging system.**

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(501) 759-2638 or fax: (501) 759-3036

April 8, 2020

Dear Parents,

Due to new standards, we are required to collect information from you about your child's previous Pre-Kindergarten or Preschool experiences. In addition to gathering information about attendance in a Pre-Kindergarten program, we need to indicate the type of program for every student. Please complete the information below and return with your student's Kindergarten registration paperwork.

Child's Name \_\_\_\_\_

Preschool or Pre-Kindergarten: (please circle) YES or NO

If yes: (please circle) Full-time or Part-time

(Full-time is attending a 4yr old program, 9 months, for at least 20 hrs a week)

Type of Pre-school: (1)ABC (2)Even Start (3)Head Start

(please circle one) (4)Early Childhood Special Ed (5)Private

(6)Public

Parent's Signature \_\_\_\_\_