

Student ID: \_\_\_\_\_  
Grade Enrolling: \_\_\_\_\_

# ENROLLMENT FORM

Magnolia School District

Student State ID: \_\_\_\_\_

## I. Student Information

<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE NAME:</b>
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Gender:  Female  Male      Birthdate: \_\_\_\_\_      Name Student Prefers: \_\_\_\_\_  
SSN (Optional): \_\_\_\_\_      Medicaid #: \_\_\_\_\_      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
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

**ADDITIONAL RACES** (Check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

**Student Physical/911 Address**

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_      Zip Code: \_\_\_\_\_

**Student Mailing Address**

Mailing Address is same as Physical/911 Address

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_      Zip Code: \_\_\_\_\_

Transportation for School:  Bus       Drives Self  
 Parent/Guardian: (includes walkers, child care vans, etc.)

Bus Pick Up Address: (If different than Physical/911 Address)  
\_\_\_\_\_  
Bus Drop Off Address: (If different than Physical/911 Address)  
\_\_\_\_\_

## II. Previous Schools

**Pre-School Participation:** (Check Most Recent)

- A - ARKANSAS BETTER CHANCE
- H - HEADSTART
- P - PRIVATE PRE-SCHOOL
- E - EVEN START
- O - OTHER \_\_\_\_\_
- PS - PUBLIC SCHOOL
- EC - EARLY CHILDHOOD SPED
- C - 21ST CENTURY COMMUNITY C
- NA - NOT APPLICABLE

Dates Attended	Name of School(s)	City	State	Grade(s)

Previously enrolled in Magnolia School District?  Yes  No      Date: \_\_\_\_\_      Grade(s): \_\_\_\_\_

## III. Education History

Has your student ever received service from or been involved in: (check all that apply):

- Special Education  IEP       Counseling       Speech Therapy       Behavior Managing
- Additional Services  504 Plan       English 2nd Language       Reading Intervention
- Math Intervention       Gifted & Talented Program

• Other: \_\_\_\_\_

- Yes       No      *Is this child currently expelled from another school?*
- Yes       No      *Is this child currently under expulsion proceedings at another school?*
- Yes       No      *Is this child a resident of another school district attending under school choice?*

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## IV. Parent and Emergency Contact Information

<b>Primary Parent/ Guardian</b>	<input type="checkbox"/> Lives with Student  <input type="checkbox"/> Student's Legal Guardian  <input type="checkbox"/> Caretaker  <input type="checkbox"/> Foster Parent/ Host Parent (IES)	Last Name: _____		First Name: _____				
		Relation to Student: _____		Email Address: _____		Place of Employment: _____		
		Home Address: _____				City: _____	State: _____	Zip Code: _____
		Mailing Address: _____				City: _____	State: _____	Zip Code: _____
		Cell Phone: _____ (    )		Work Phone: _____ (    )		Home Phone: _____ (    )		
<b>Parent/ Guardian Other</b>	<input type="checkbox"/> Lives with Student  <input type="checkbox"/> Student's Legal Guardian  <input type="checkbox"/> Caretaker  <input type="checkbox"/> Foster Parent/ Host Parent (IES)	Last Name: _____		First Name: _____				
		Relation to Student: _____		Email Address: _____		Place of Employment: _____		
		Home Address: _____				City: _____	State: _____	Zip Code: _____
		Mailing Address: _____				City: _____	State: _____	Zip Code: _____
		Cell Phone: _____ (    )		Work Phone: _____ (    )		Home Phone: _____ (    )		

If foster parents, provide placing agency: \_\_\_\_\_ County: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ (    ) (    ) (    )

<b>Local Emergency Contact:</b> <i>(NOT a Parent/Guardian)</i> In case of illness/injury or other emergency, when household cannot be contacted, I authorize Magnolia schools to call and/or release my child to the following:	Last Name: _____		First Name: _____				
	Relation to Student: _____		Cell Phone: _____ (    )		Home Phone: (    ) Work Phone: (    )		
	Home Address: _____				City: _____	State: _____	Zip Code: _____

<b>Additional Contact:</b> <i>(NOT a Parent/Guardian)</i> In case of illness/injury or other emergency, when household cannot be contacted, I authorize Magnolia schools to call and/or release my child to the following:	Last Name: _____		First Name: _____				
	Relation to Student: _____		Cell Phone: _____ (    )		Home Phone: (    ) Work Phone: (    )		
	Home Address: _____				City: _____	State: _____	Zip Code: _____

Is this child a dependent of an active or reserve member of a branch of the United States Armed Forces?  Yes     No

Name of Military Member: \_\_\_\_\_ Relationship: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Active:  Yes     No    Reserve:  Yes     No

## V. Siblings

Complete this section only if applicable. Include ONLY siblings who are currently in Grades PK-12 in the Magnolia School District.

Is this student a twin (or a triplet, quadruplet, ect.)?  Yes     No

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Full Name:				
Lives with:				
Current Grade:				
Birthdate:				

I certify that the above information is true and accurate and all questions have been answered to the best of my knowledge.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_