# BOONEVILLE SCHOOL DISTRICT

**Phone: (479)675-2604** **BOONEVILLE ELEMENTARY SCHOOL Enrollment Form** **Fax: (479)675-2625**

***GENERAL STUDENT INFORMATION***

| **FIRST NAME:** | **MIDDLE NAME:** | **LAST NAME:** |
|---|---|---|
| | | |

Birthdate:_____ Gender: (Circle one) Female Male Grade:_____

Nickname:_____ SSN (Optional):_____ Hispanic/Latino Ethnicity: (Circle one) 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:_____ Student Email Address:_____

| **Student Physical/911 Address** | **Student Mailing Address** |
|---|---|
| Address:_____ | ☐ Mailing Address is same as Physical/911 Address |
| City:_____ | Address:_____ |
| State:_____ Zip Code:_____ | City:_____ |
| | State:_____ Zip Code:_____ |

Student Home Phone:_____ Student Cell Phone:_____

***PARENT/GUARDIAN CONTACT INFORMATION***

**Parent/Guardian 1**

Name:_____

Relationship to Student:_____

Language of Correspondence:_____

Mailing Address:_____

City:_____

State:_____ Zip Code:_____

Email:_____

Home Phone:_____ Cell Phone:_____

Work Phone:_____ *Alert Phone:_____

*Alert Phone is used by the district's automated phone message system.

Employer:_____

☐ Student Primarily Resides with this Guardian.

**Parent/Guardian 2**

Name:_____

Relationship to Student:_____

Language of Correspondence:_____

Mailing Address:_____

City:_____

State:_____ Zip Code:_____

Email:_____

Home Phone:_____ Cell Phone:_____

Work Phone:_____ *Alert Phone:_____

*Alert Phone is used by the district's automated phone message system.

Employer:_____

☐ Student Primarily Resides with this Guardian.

**OFFICE USE ONLY**

| | | | | |
|---|---|---|---|---|
| Entry Date:_____ | Meal ST:_____ | ESL:_____ | IMMG:_____ | Residency:_____ |
| Entry Code:_____ | M/V Act:_____ | SP:_____ | GT:_____ | Choice LEA:_____ |
| Curriculum:_____ | 504:_____ | MIG:_____ | Homeroom:_____ | P/T ADM %:_____ |

# BOONEVILLE ELEMENTARY SCHOOL Enrollment Form



***ADDITIONAL STUDENT INFORMATION***

City of Birth:_____ State of Birth:_____ Birth Country:_____

**TRAVEL INFORMATION**

| **Travel To School** (Please check one) | **Travel From School** (Please check one) |
|---|---|
| ____Bus (Bus Number_____) | ____Bus (Bus Number_____) |
| ____Drives Self | ____Drives Self |
| ____Parent/Guardian (includes walkers, child care vans, etc.) | ____Parent/Guardian (includes walkers, child care vans, etc.) |
| ____District Paid Transportation | ____District Paid Transportation |

Distance From Home to School (Miles) One Way:_____

**Pre-School Participation:** (Circle One)

| | | |
|---|---|---|
| A - ARKANSAS BETTER CHANCE | H - HEADSTART | O - OTHER |
| E - EVEN START | NA - NOT APPLICABLE | P - PRIVATE PRE-SCHOOL |
| EC - EARLY CHILDHOOD | C - 21st CENTURY COMMUNITY LEARNING CENTER | PS - PUBLIC SCHOOL PRE-SCHOOL |

Birth Certificate #:_____ Resident County:_____

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

If this child resides in a household with an active or reserve member of a branch of the United States Armed Services, please select the branch below.

| | | | |
|---|---|---|---|
| ____ Active Duty – US Army | ____ Active Duty – US Air Force | ____ Active Duty – US Navy | ____ Active Duty – US Marines |
| ____ Active Duty – United States Coast Guard | ____ Reserves – US Army | ____ Reserves – US Air Force | ____ Reserves – US Navy |
| ____ Reserves – US Marines | ____ National Guard – US Army | ____ National Guard – US Air Force | ____ Parents serve in multiple branches |

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

***ADDITIONAL CONTACT INFORMATION***

**Additional Guardian Contact**

Name:_____ Email:_____

Relationship to Student:_____ Home Phone:_____ Cell Phone:_____

Language of Correspondence:_____ Work Phone:_____ *Alert Phone:_____

Mailing Address:_____ *Alert Phone is used by the district's automated phone message system.

City:_____ Employer:_____

State:_____ Zip Code:_____ ☐ Student Primarily Resides with this Guardian.

**Emergency Information**

**Emergency Contact Information (Contacts Other Than Guardians to be Called in Case of an Emergency)**

| Contact Order | Name | Relationship to Child | Phone # | Phone Type (ex: Home, Cell, Work) |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Physician:_____ Physician:_____

Physician Phone:_____ Physician Phone:_____

Please list any medical concerns and/or medications for this child:_____

_____

Last School Attended:_____ Phone #:_____

Address:_____

Has this child been expelled from school in any other school district or is the child a party to an expulsion proceeding? Yes No

Has this child met the requirements of the Arkansas State Health laws necessary to enter school? Yes No

Please list the names of anyone who is NOT allowed to check out/pick up this child from school: _____

_____ _____ _____

_____ _____

Parent/Guardian Signature Date