

Locker#: _____ Homeroom Teacher: _____ ID#: _____ Grade: _____ Date of Entry: _____

Cotter Jr./Sr. High School Student Registration Information

Name: (First) _____ (Middle) _____ (Last) _____

Social Security: _____ Birth date: _____ Gender: _____ Cell (student only): _____

Race (circle one): White Black Asian Hawaii/Pacific Islander Native American/Alaska Native

Ethnicity (circle one): Hispanic/Latino NON Hispanic/Latino

Mailing Address: _____ City _____ Zip _____

Physical Address (if different from above): _____ City _____ Zip _____

Home Phone (leave blank if you don't have one): _____ How student gets to & from school: _____

Parent/Guardian EMail Address: _____

Student lives with (circle one): Both Parents Mother Only Father Only
Legal Guardian Mother/Stepfather Father/Stepmother

Legal Custody (circle one): Both Parents Mother Only Father Only Other: _____

Are there any legal restrictions which would prevent your child from being checked out by a particular adult? (circle one) Yes or No If YES, please provide the office with the legal documents.

****NOTE THAT ONLY THE PERSONS LISTED BELOW WILL BE ALLOWED TO CHECK THE STUDENT OUT OF SCHOOL. NO OTHER PERSON IS AUTHORIZED WITHOUT PARENT/GUARDIAN APPROVAL.**

LEGAL GUARDIAN

Name: _____ Relationship: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Home phone (leave blank if you don't have one): _____ Lives with (circle one): Yes No

Name: _____ Relationship: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Home phone (leave blank if you don't have one): _____ Lives with (circle one): Yes No

EMERGENCY INFORMATION

Please list other people we can contact in the event the above are unavailable. NOTE: These people will also be allowed to check your child out of school.

Name: _____ Relationship: _____ Cell Phone: _____

Name: _____ Relationship: _____ Cell Phone: _____

Cotter Public Schools

P.O. Box 70, Cotter, AR 72626

(870) 435-6323

Fax: (870) 435-1300

REQUEST FOR RECORDS

Student Name _____ Grade _____

Previous School _____ Date of Birth _____

City and State of Last School Attended _____

Parent/Guardian Signature _____ Date _____

*****For School Use*****

**** Please provide the SSN or 900 number that the student currently uses.**

____ Transcript ____ Test Results ____ Birth Certificate

____ Current Grades ____ Attendance ____ Social Security

____ Health Records ____ Discipline

____ SPED Records ____ 504 Records

Is this student Special Education? YES/NO Is this student currently expelled? YES/NO

Is this student 504? YES/NO Is this student currently OSS? YES/NO

Is this student GT? YES/NO Is this student currently ISS? YES/NO

School Official/Title Date

PLEASE EMAIL (cpasillas@cotterschools.net)

According to the Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register June 17, 1976, Vol 41, No. 118, Page 24673, PARENTAL PERMISSION IS NO LONGER REQUIRED WHEN RECORDS ARE REQUESTED BY AUTHORIZED PERSONNEL.

COTTER PUBLIC SCHOOLS

P.O. Box 70 Cotter, Arkansas 72626

(870) 435-6323

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PERMISSION TO RELEASE IMMUNIZATION RECORDS

Please release immunization information to Cotter Public School system on my child,

_____, for enrollment requirements.

PARENT SIGNATURE

DATE

MEDICAL INFORMATION

Student Name _____ Grade _____ SSN# _____

Street Address _____ City _____

Sex _____ Race _____ Birthdate _____ Home Phone _____

Mother's Name _____ Father's Name _____

Mother's Place of Employment _____ Phone _____

Father's Place of Employment _____ Phone _____

Emergency Contact (other than parent) _____ Phone _____

Special Health Problems _____

Medications(s) Taken Daily _____

Physician _____ Phone _____

May your child be given the following by the school nurse or her designee?

Tylenol _____	Maalox _____	Benadryl _____	Ibuprofen _____	Pepto-Bismol _____
for headache/fever	for upset stomach	for cold/allergic reaction	for aches/cramps	for upset stomach

Is this student on Medicaid? Yes _____ No _____

If yes, please give Medicaid number _____

Parent/Guardian Signature

Date

COTTER PUBLIC SCHOOL

PO BOX 70 COTTER, AR 72626

Airl Cheek
Elementary Principal
870-435-6655

Vanessa Thomas Jones
Superintendent
870-435-6171
FAX 870-435-1300

Douglas Corley
High School Principal
870-435-6323

In compliance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFR Part 99)

I, _____, give permission for my child, _____
(Parent/Guardian Name) (First & Last Name)

Personally identifiable information/student education records to be disclosed to

Cotter Public Schools for the purpose of billing Medicaid and/or private insurance.

Printed name of Parent/Guardian

Parent/Guardian Signature

Date Signed

PERMISSION TO DISPLAY PHOTO OF STUDENT ON WEBSITE(5.20F1)

I hereby grant permission to the Cotter School District to display the photograph or video clip of me/my student (if student is under the age of eighteen {18}) on the District's website, including any page on the site, or in other District publications without further notice. I also grant the Cotter School District the right to edit the photograph or video clip at its discretion.

The student's name may be used in conjunction with the photograph or video clip. It is understood, however, that once the photograph or video clip is displayed on a web site, the District has no control over how the photograph or video clip is used or misused by persons with computers accessing the District's website.

Name of student (Printed)

Signature of student (only necessary if student is over 18)

Signature of parent (required if student is under 18)

Date

OBJECTION TO PUBLICATION OF DIRECTORY INFORMATION (ASBA 4.13F)

I, the undersigned, being a parent of a student, or a student eighteen(18) of age or older, hereby note my objection to the disclosure or publication by the Cotter School District of directory information, as defined in Policy No. 4.13 (Privacy of Student Records), concerning the student named below.

I understand that the participation by the below-named student in any interscholastic activity, including athletics and school clubs, may make the publication of some directory information unavoidable, and the publication of such information in other forms, such as telephone directories, church directories, etc., is not within the control of the District.

I understand that this form must be filed with the office of the appropriate building principal within ten (10) school days from the beginning of the current school year in order for the District to be bound by this objection. Failure to file this form within that time is a specific grant of permission to publish such information.

I object and wish to deny the disclosure or publication of directory information as follows (check all that apply):

- ☐ Deny disclosure to military recruiters
- ☐ Deny disclosure to Institutions of postsecondary education
- ☐ Deny disclosure to potential employers
- ☐ Deny disclosure to all public and school sources

Selecting this option will prohibit the release of directory information to the three categories listed above along with all the other public sources (such as newspapers), **AND** result in the student's directory information **not being included** in the school's **yearbook** and other school publications.

- ☐ Deny disclosure to all public sources

Selecting this option will prohibit the release of directory information to the first three categories listed above along with all other public sources (such as newspapers), **BUT** permit the student's directory information **to be included** in the school's yearbook and other school publications.

STUDENT'S NAME (PRINTED)

GRADE

SIGNATURE OF PARENT/GUARDIAN (or student, if 18 or older)

DATE FORM WAS FILED (to be filled in by office personnel)

COTTER JR – SR HIGH SCHOOL
2020-21

Student's Name _____

Grade _____

I am a legal resident of the Cotter School District and have received the Student Handbook.

Please Note: State Law requires that this form be signed and returned to the Cotter School. Please return this sheet within **one week** after receiving the Student Handbook.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

SMART CORE INFORMED CONSENT FORM

Name of Student: _____
Name of Parent/Guardian: _____
Name of District: _____
Name of School: _____

Smart Core is Arkansas's college- and career-ready curriculum for high school students. College and career readiness in Arkansas means that students are prepared for success in entry-level, credit-bearing courses at two-year and four-year colleges and universities, in technical postsecondary training, and in well-paid jobs that support families and have pathways to advancement. To be college and career ready, students need to be adept problem solvers and critical thinkers who can contribute and apply their knowledge in novel contexts and a variety of situations. Smart Core is the foundation for college and career-readiness. All students should supplement additional rigorous coursework within their career focus.

Parents or guardians may waive the right for a student to participate in Smart Core and instead to participate in the Core curriculum. The parent must sign the separate Smart Core Waiver Form to do so.

SMART CORE CURRICULUM

English – 4 units

- English 9th grade
- English 10th grade
- English 11th grade
- English 12th grade or Transitional English 12

Mathematics – 4 units (or 3 units of math and 1 unit of Computer Science*) *At least one MATH unit must be taken in Grade 11 or Grade 12.*

- Algebra I (or Algebra A & Algebra B - Grades 7-8 or 8-9)
- Geometry (or Geometry A & Geometry B - Grades 8-9 or 9-10)
- Algebra II
- fourth math as approved by ADE or approved *Computer Science

Science – 3 units with lab experience (or 2 units with lab experience and 1 unit of Computer Science*)

- Biology – 1 unit (Biology, IB Biology, ADE Approved Biology, ADE Approved Biology Honors, AP Biology or Concurrent Credit Biology.)
- Physical Science, Chemistry, Physics, or approved *Computer Science – 2 units; a maximum of 1 computer science credit may count for this requirement

Social Studies – 3 units

- Civics - ½ unit
- World History - 1 unit
- U.S. History - 1 unit
- other social studies - ½ unit

Oral Communications – ½ unit

Physical Education – ½ unit

Health and Safety – ½ unit

Economics – ½ unit (may be counted toward Social Studies or Career Focus)

Fine Arts – ½ unit

Career Focus – 6 units

*Computer Science – (optional) A flex unit of an approved Computer Science may replace the 4th math requirement or the 3rd science requirement. Two distinct units of the approved computer science courses may replace the 4th math requirement and the 3rd science requirement. If the 4th math requirement and the 3rd science requirement have been met through other coursework, any of the computer science courses may be used for career focus credit.

Beginning with the entering 9th grade class of the 2014 – 2015 school year, each high school student shall be required to take at least one digital learning course for credit to graduate. (Act 1280 of 2013)

By signing this form, I acknowledge that I have been informed of the requirements and implementation of the Smart Core Curriculum and am choosing the Smart Core Curriculum for my child.

Parent/Guardian Signature

Date

School Official Signature

Date

Arkansas Department of Education— February 21, 2018



Arkansas Department of Education (ADE) Home Language Usage Survey

The Home Language Usage Survey is completed by *all* students initially enrolling in Arkansas schools.

Student Name:		Grade:	Date:
School:	Student State ID #:	Gender:	Date of Birth:
Parent/Guardian Name:		Parent/Guardian Signature:	
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand. 1. a) In what language do you prefer to receive written communication from the school? _____ b) In what language would you prefer to communicate with school staff when speaking? _____		
Eligibility for Language Development Support Information about the student's language usage helps us identify students who may qualify for extended support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language(s) is (are) spoken in your home? _____ 3. What language did your child learn first? _____ 4. What language does your child use most often at home? _____ 5. What language does your family speak most often at home? _____ 6. What language do adults speak most often with each other at home? _____		
Prior Education Your responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school. <i>This form is not used to identify students' immigration status.</i>	7. Where was your child born? _____ 8. When did your child first attend a school in the United States (this includes all US territories)? (Kindergarten – 12 th grade) _____ Month Day Year		

Thank you for providing the information needed on the Home Language Survey. Contact your child's school if you have further questions about this form or about services available at your child's school.



Note to district: This form is available in multiple languages on <http://www.arkansased.gov/divisions/learning-services/english-learners>. A response that includes a language other than English to questions #1-6 indicates English language proficiency screening is needed.

This work, "Arkansas Department of Education (ADE), Home Language Survey", is a derivative of "OSPI Home Language Survey" by OSPI, used under CC BY. "Arkansas Department of Education (ADE), Home Language Survey" is licensed under CC BY by the English Learners Unit of the Arkansas Department of Education.



HOUSING INFORMATION FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

List all children in your family birth through age 21.

Name of Child	School	Age	Grade	Date of Birth

Parent/Guardian _____

Address _____

City _____

Zip Code _____

Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- ☐ House or apartment with parent or guardian
- ☐ Motel, car, or campsite
- ☐ Shelter or other temporary housing
- ☐ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- ☐ Loss of housing
- ☐ Economic situation
- ☐ Temporarily waiting for house or apartment
- ☐ Provide care for a family member
- ☐ Living with boyfriend/girlfriend
- ☐ Loss of employment
- ☐ Parent/Guardian is deployed
- ☐ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians?

Yes No

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at [Insert phone number] or the State Coordinator at 501-683-5428.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

COTTER JR./SR. HIGH SCHOOL
2020-21
PARENT INVOLVEMENT
VOLUNTEER INFORMATION SHEET

Student Name: _____ Grade: _____

Parent Name: _____

Home #: _____ Cell #: _____ Work #: _____

E-mail Address: _____

_____ No, I am not able to volunteer at this time.

_____ Yes, I am able to volunteer at this time.

Days available: _____

Times available: _____

Areas of interest: (mentoring, student reward programs, reading, tutoring, etc.)

Teacher Appreciation week May 3 - May 7, 2021	Teacher Appreciation Day Tuesday, May 4, 2021
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Teacher Appreciation Week activities: Yes _____ No _____

SCHOOL USE:

Volunteer used (by whom, activity, date, length of volunteer time):

PARENT EMPLOYMENT SURVEY

SCHOOL DISTRICT / BUILDING: *Cotter High School*

DATE:

PLEASE COMPLETE THE FOLLOWING INFORMATION

Your child may qualify to receive free educational services.
Please answer the following questions to help us determine their eligibility.
If you answered yes to the question below, an education representative may
contact you to help make this determination.

STUDENT / PARENT INFORMATION

STUDENT NAME	GRADE	BIRTHDAY
PARENT/GUARDIAN NAME		
ADDRESS	CITY	STATE
PHONE	PLACE OF EMPLOYMENT	
EMAIL		

RELOCATION HISTORY

Have you, or a member of your family with whom you reside, moved in the past three years to another area (permanently or temporarily) in order to work primarily in agriculture? (summer moves counts)

☐ Yes

☐ No (if no STOP here)

If so, what was the date of the move? (approximately)

Please check the agriculture job(s) that you worked at when you moved to the new area.

- ☐ Working in a nursery (a place where plants/trees are grown for sale, transplanting, or experimentation)
- ☐ Farming (planting, harvesting, cutting/baling hay etc)
- ☐ Feeding poultry, gathering eggs, working in a hatchery
- ☐ Processing meat, poultry, fruit, vegetables, dairy products
- ☐ Cotton gin/building modules
- ☐ Caring for livestock, milking cows on a dairy farm etc.
- ☐ Commercial fishing or working on a fish farm
- ☐ Growing or picking fruits/vegetables (not a garden)
- ☐ Chopping/pulling weeds in (cotton, soybeans, peanuts, rice)
- ☐ Working at a granary/seed company (cleaning, bagging seed)
- ☐ Timber work (clearing land, skidding logs, harvesting trees)

PLEASE LIST ALL OTHER CHILDREN 21 OR YOUNGER WITHOUT A GED OR DIPLOMA LIVING IN THE HOME

NAME OF CHILD	BIRTHDATE	SCHOOL BUILDING (if applicable)	GRADE

For more information contact Jamie Cunningham
Phone: 870-376-6100 Fax: 870-276-5333