

Locker# \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_ ID# \_\_\_\_\_ Grade \_\_\_\_\_ Date of Entry \_\_\_\_\_

### Cotter Jr. /Sr. High School Student Registration Information

Name(first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

Social Security \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Cell(student only) \_\_\_\_\_

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

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

Physical address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address(if different from above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_ Home phone(leave blank if you don't have one) \_\_\_\_\_

Student lives with(circle one) Both Parents Mother Only Father Only

Mother/Stepfather Father/Stepmother Foster Parent

Legal Custody(circle one) Both Parents Mother Only Father Only

Are there any legal restrictions which would prevent your child from being checked out by a particular adult?

**Yes 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

Guardian 1

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Home phone(leave blank if you don't have one) \_\_\_\_\_ Lives with(circle one) YES NO

Guardian 2

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Home phone(leave blank if you don't have one) \_\_\_\_\_ Lives with(circle one) YES NO

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*\*IS STUDENT A MILITARY DEPENDENT?(circle one)

Yes

No

\*\*IF YES,(circle one)

★ Active Duty: Coast Guard, Air Force, Army, Marines, Navy OR

★ National Guard: Air Force, Army OR

★ Reserves: Air Force, Army, Marines, Navy OR

★ Parents serve in multiple branches(example Mom-Army; Dad-Marines)\_\_\_\_\_

\*\*DOES STUDENT RESIDE IN THE HOUSEHOLD OF THE SERVICE MEMBER?(circle one)

Yes

No

\*\*IS STUDENT PART OF A MULTIPLE BIRTH(twin, triplets, etc.)?(circle one)

Yes

No

HOW DOES STUDENT GET TO SCHOOL?(circle one)

Bus

Drives Self

Parent/Guardian

DOES THE STUDENT HAVE ACCESS TO INTERNET AT HOME?(circle one)

Yes

No

Does the student require special services?(circle one)

Yes

No

If so, circle all that apply:

Speech

Resource

Inclusion

504 Plan

Gifted/Talented

Was the student promoted to the next grade?(circle one)

Yes

No

Has the student ever been retained?(circle one)

Yes

No

If yes, what grade?\_\_\_\_\_

Has the student been suspended or expelled from another school district?(circle one)

Yes

No

If yes, what school district\_\_\_\_\_

IS STUDENT CURRENTLY SUSPENDED FROM ANOTHER SCHOOL?(circle one)

Yes

No

IS STUDENT CURRENTLY UNDER ANY EXPULSION PROCEEDINGS?(circle one)

Yes

No

If yes, what school district\_\_\_\_\_

Has the student ever been enrolled in the Cotter School District?(circle one)

Yes

No

If yes, when did they last attend?\_\_\_\_\_

Any special circumstances the school should be aware of?(recent divorce, death of a loved one, etc.)

Yes

No

If yes, what\_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**MUST PROVIDE PROOF OF RESIDENCE:**\_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### DRUG TESTING CONSENT

I understand that my participation in any extracurricular activity or driving privilege is dependent on my conduct as an individual. I have read the contents of the Cotter School District Drug Testing Policy. I hereby agree to accept and abide by the policies, standards, rules and regulations set forth by the Cotter District School Board for the activity in which I participate.

In order to participate in extracurricular activities and/or possess driving privileges at Cotter Public School, I do hereby consent to abide by, and comply with, the chemical screening policy of the Cotter School District.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent signature

### INTERNET AGREEMENT

I have received the handbook which explains the "Student Electronic Device and Internet Use Policy" on pages 10 & 11, and the form on page 73 and I agree to abide by this policy for the 2021-22 school year. I understand that if I do not sign this I will not be allowed to use the Internet(wi-fi) at Cotter High School.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent signature

### CHROMEBOOK AGREEMENT

I have received the handbook which explains the "Chromebook User Policy" on pages 11-13 and I agree to abide by this policy for the 2021-22 school year. I understand that if I do not sign this I will not be allowed to take a Chromebook home from Cotter High School.

\_\_\_\_\_ My child may bring home his/her Chromebook daily.  
initial

\_\_\_\_\_ I would like insurance at the cost of \$25.00 due by Oct. 1, 2021.

\_\_\_\_\_ I am declining the Chromebook insurance.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent signature

## **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.

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Name of student (Printed)

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

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Signature of parent (required if student is under 18)

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Date

## OBJECTION TO PUBLICATION OF DIRECTORY INFORMATION (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 2021-22

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: \_\_\_\_\_



## 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

**COTTER JR./SR. HIGH SCHOOL  
2021-22  
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 2 - May 6, 2022	Teacher Appreciation Day Tuesday, May 3, 2022
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**Teacher Appreciation Week activities: Yes \_\_\_\_ No \_\_\_\_**

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**SCHOOL USE:**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_