

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

Cotter Public Schools Student Registration Information

Legal Name (first) _____ (middle) _____ (last) _____

Preferred Name (IF Different) (first) _____ ((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. _____

ONLY THE PERSONS LISTED BELOW WILL BE ALLOWED TO CHECK THE STUDENT OUT OF SCHOOL.
NO OTHER PERSON IS AUTHORIZED WITHOUT PARENT/GUARDIAN APPROVAL (include yourself)

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_____

Travel Information: Bus_____ Car Rider_____ Afterschool (K-6 grades only)_____

Address if different from physical address:_____

PARENT/GUARDIAN SIGNATURE

DATE

MUST PROVIDE PROOF OF RESIDENCE:_____



Arkansas Department of Education (ADE)
Home Language Usage Survey

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

Form with fields for Student Name, Grade, Date, School, Student State ID #, Gender, Date of Birth, Parent/Guardian Name, Parent/Guardian Signature, and sections for Right to Translation and Interpretation Services, Eligibility for Language Development Support, and Prior Education.

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.

Student Name: _____ Grade: _____

HANDBOOK AGREEMENT

I am a legal resident of the Cotter School District and have received the 2024-25 Cotter Student Handbook.

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

Student signature

Parent signature

INTERNET AGREEMENT

I have received the handbook which explains the "Student Electronic Device and Internet Use Policy" and I agree to abide by this policy for the 2024-25 school year. I understand that if I do not sign this I will not be allowed to use the Internet at Cotter Public School.

Student signature

Parent signature

CHROMEBOOK AGREEMENT

I have received the handbook which explains the "Chromebook User Policy" and I agree to abide by this policy for the 2024-25 school year. I understand that if I do not sign this I will not be allowed to use a Cotter Public School chromebook.

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

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.

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 (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

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

(7-12 Grade Students Only)

COTTER PUBLIC SCHOOLS

PO BOX 70 COTTER, AR 72626

Airl Cheek
Elementary Principal
870-435-6655

Jayne Jones
Superintendent
870-435-6171
FAX 870-435-1300

Jarod Jefferson
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

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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

Over the Counter Medication Consent Form

Student's Name _____

Date of Birth _____

Medication Allergies _____

Medications your child takes on a regular basis: _____

It is the parent's responsibility to send any medications that are frequently taken by your child to the school nurse.

I give permission for my child listed above to receive these OTC medications as deemed necessary by the school nurse/designee. I understand that the generic equivalent may be used in place of brand named items (Draw a line through any medication your child can not have.)

For headache, fever, muscle aches menstrual cramps: Acetaminophen (Tylenol), Ibuprofen (Motrin), Muscle Rub (Icy Hot)

For mild cold symptoms, sore throat, cough Cough Drop, Daytime Cough Syrup

For mild allergic reactions (such as hives, seasonal allergies): Diphenhydramine (Benadryl)

For mild skin irritations (such as rash, poison ivy, scrapes, cuts): Antiseptic/Analgesic spray/gel/wash, Hydrocortisone Cream, Medicaïne Swabs, Antibiotic Ointment Antifungal Cream Alcohol Peroxide, Band Aid

For Stomach Aches: Antacid (like Maalox or Tums), Pepto Bismal

For Toothaches: Oragel

For Eye Irritations: Visine, Sterile Eye Wash

For Chapped Lips: Carmex, Vaseline

I acknowledge that the District, its Board of Directors, and employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this form. The nurse/designee shall administer medications

Signature of Parent/Guardian _____ Date _____

Cotter Public School Emergency Card

Student's Name _____ Date of Birth _____ Grade _____

Address _____

Is Student on Medicaid or AR Kids? _____ Yes _____ No

If yes, please list Medicaid number _____ AR Kids Number _____

Parent/Guardian Contact Information in case of an accident/illness:

Parent/Guardian Name _____

Place of work/work number _____

Emergency Contacts if Parent/Guardian can't be reached:

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____

Physician _____ Phone _____

Health Information: List any health conditions that your child has:

_____ ADHD	_____ Food Allergy	_____ High Blood Pressure
_____ Asthma	_____ Heart Disease	_____ Migraine Headache
_____ Bee Sting Allergy	_____ Heart Murmur	_____ Seizures
_____ Diabetes	_____ Hemophilia	_____ Vision Defect
_____ Seasonal Allergy	_____ Hearing Deficit	_____ Other _____

I, the undersigned do hereby authorize officials of Cotter Public Schools to contact directly the persons named on this card and authorize the named physician to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event the parent/guardian cannot be contacted, the officials are hereby authorized to take whatever action is deemed necessary, in their judgement, for the health of aforesaid child I will not hold the school district financially responsible for the emergency care and/or transportation for said child. Information on this form may be shared with appropriate personnel for health and educational purposes only.

Parent/Guardian Signature _____ Date _____

**PLEASE INCLUDE THIS FORM
IN ALL YOUR
ENROLLMENT PACKETS.**



**Cotter School District
AGRICULTURAL SURVEY**

AGRICULTURAL SURVEY

Your child may qualify to receive Extra Services

In the last 3 years (including summer) did anyone in your family go to another area to work or try to get work in an agricultural/farming job or a food processing job? Moving from school district into another. Yes ___ No ___

If YES, where?

If you checked "yes", please mark any jobs you worked or tried to get work in:

- | Check all that apply: | Date |
|--|-------|
| ___ Food Processing (Meats, Dairy, Beef, Hog, Vegetables, Fruits) | _____ |
| ___ Chicken Houses, Chicken Catching Or Vaccinating | _____ |
| ___ Farm Work - (Cotton, Rice, Fruits, Vegetables, Cattle, Dairy, Chicken, Hog) | _____ |
| ___ Working at a Cotton Gln, Granary or Seed Company | _____ |
| ___ Tree Farms -(Planting, Marking, Girdling, Cutting, Skidding) | _____ |
| ___ Plant or Tree Nursery | _____ |
| ___ Sod Farming | _____ |
| ___ Working with Bees | _____ |
| ___ Working on a Fish Farm | _____ |
| ___ Other Farm Work | _____ |

FOR MORE INFO CONTACT ROBBY SMITH (870)654-2038 EMAIL RSmith@bobcat.k12.ar.us

Mother's Name

Daytime Phone:

Evening Phone:

Street Name and House/Apt #

City

Zip Code

Where do you work now?

Father: _____

Mother: _____

Date you moved to Cotter School District: / /

Please list all children in the home.

Student Name	Birth Date	Grade

Place of Birth:

Student Name	Birth Date	Grade

Place of Birth:

Student Name	Birth Date	Grade

Place of Birth:

Student Name	Birth Date	Grade

Place of Birth:

**COTTER JR./SR. HIGH SCHOOL
2024-25
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 6 - May 10, 2024	Teacher Appreciation Day: Tuesday, May 7, 2024
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Teacher Appreciation Week activities: Yes _____ No _____

SCHOOL USE:

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

Cotter School District
Student Residency QuestionnaireName of Student: _____ Date of Birth: _____
(mm/dd/yyyy)

Person completing form:

- Parent or guardian Unaccompanied youth (a youth that does not live with a parent or guardian)
 Youth Other: _____

Name: _____

Email: _____ Phone: _____

Please answer these questions about the student's residency. The information you provide is confidential and protected by the law called the Federal Education Rights and Privacy Act. We use this information to decide which schools students should attend. We also use this information to make sure the rights of a child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.

1. Is the student's address a temporary living arrangement? Yes No
 2. Is the student's living arrangement due to loss of housing or financial hardship? Yes No

If the answer to any of the above is YES, please complete the following:

Where is the student identified above currently living? (Please check one)

- In a motel or hotel due to loss of housing or financial hardship
 In an emergency shelter, transitional housing facility, or abandoned in a hospital
 Sharing another family's house or apartment
 In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or abandoned building
 In a bus or train station
 Moving from place to place (couch surfing)
 In a public or private place not meant to be used as a regular place for people to sleep
 Other: _____

Last school the student attended:

School: _____ District: _____

City: _____ State: _____

Name of Parent, Guardian or education decision maker:

Name _____ Signature: _____

Name _____ Signature: _____

Address: _____

City: _____ Signature: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

OR

Student (if an unaccompanied youth that is homeless):

Name _____ Signature: _____

Address: _____

Email: _____ Phone: _____

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required. The child, youth or unaccompanied youth must be enrolled immediately in his or her school of origin, the school where other children attend that is in the area where the student is currently living, or another school that the student may attend based on what is best for the student.

OFFICE USE ONLY

Date Completed:	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	District Representative:	Comments:
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