



COTTER

PUBLIC SCHOOLS

AMANDA GIST ELEMENTARY

Kindergarten Information

Please complete the packet enclosed and provide a copy of the following:

_____ Copy of social security card

_____ Copy of current shot record

_____ Copy of birth certificate

_____ Copy of current physical

_____ Copy of a recent utility bill

Cotter Kindergarten Enrollment Form

Email: abarrow@cotterschools.net

Fax number: 870-435-1300

COTTER ELEMENTARY SCHOOL Student Registration Information Date of Entry _____
Grade _____

Name _____
(First) (Middle) (Last)

Social Security: _____ Date of Birth: _____ Gender ___ Race ___

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

Home Phone Number _____ How student gets to and from school _____

Parent/Guardian E-Mail Address: _____

Student's Cell Phone Number: _____

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

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? Yes or No If YES, please provide the office with the legal documents.

PLEASE 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.

****STUDENT LIVES WITH****

Name: _____ Relationship _____
Employer _____ Work Phone _____
Cell Phone _____

Name: _____ Relationship _____
Employer _____ Work Phone _____
Cell Phone _____

EMERGENCY INFORMATION

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

Name: Relationship Phone number

****IS STUDENT A MILITARY DEPENDENT? (circle one) Yes No**

****IF SO (circle branch):**

- 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**

****ETHNICITY (circle one): Hispanic/Latino OR NON Hispanic/Latino**

Home Language Survey:

1. What language is spoken in your home most of the time? _____
2. What language does the student speak most of the time? _____
3. What language do parents speak most of the time? _____

Does the student require special services? If yes, circle all that apply:

Speech Resource Inclusion 504 Plan Gifted and Talented

Name, address, and phone number of last school attended: _____

Was student promoted to the next grade? (circle one) Yes No

Has student ever been retained? (circle one) Yes No

Has student been suspended or expelled from another school district? (circle one) Yes No

If yes, which school district: _____

IS STUDENT CURRENTLY SUSPENDED FROM ANOTHER SCHOOL: _____

IS STUDENT CURRENTLY UNDER ANY EXPULSION PROCEEDINGS: _____

If yes, which school district: _____

Has student ever been enrolled in Cotter School District: (circle one) Yes No

If yes, when did he/she last attend? _____

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

Travel Information: Bus _____ Car Rider _____ Afterschool program: _____

Address where student will be riding bus: _____

Signature of parent or legal guardian _____ Date _____

Has your child attended

YES

NO

AR.Better Chance (ABC)

21st Century Comm Lrn Ctr

Even Start

Early Childhood Sped

Headstart

Private Preschool

Public School Preschool

Other



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: | |
| <p>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.</p> | <p>All parents have the right to information about their child's education in a language they understand.</p> <p>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? _____</p> | | |
| <p>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.</p> | <p>2. What language(s) is (are) spoken in your home? _____</p> <p>3. What language did your child learn first? _____</p> <p>4. What language does your child use most often at home? _____</p> <p>5. What language does your family speak most often at home? _____</p> <p>6. What language do adults speak most often with each other at home? _____</p> | | |
| <p>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></p> | <p>7. Where was your child born? _____</p> <p>8. When did your child first attend a school in the United States (this includes all US territories)? (Kindergarten - 12th grade) _____ Month Day Year</p> | | |

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.

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

- Please check this box if you would like your student to NOT be photographed. This includes their photo being displayed in the school yearbook, social media, class photos, etc.



COTTER

PUBLIC SCHOOLS

AMANDA GIST ELEMENTARY

Student's Name: _____

Date: _____

I have read and understand the Parent-Student Handbook and the
Discipline policies within the handbook for the Cotter Elementary School
2025-2026.

Student's Signature

Parent's or Guardian's Signature

NOTE: The law requires that we have these forms signed by parents and students and returned to school.

PLEASE FILL OUT:

Name of student: _____

Grade & Teacher: _____

Do you have internet access? Yes or No

Do you have a device at your residence? Yes or No

Email address: _____

CHROMEBOOK AGREEMENT

I have received the handbook which explains the "Chromebook User Policy". I agree to abide by this policy for the 2025-2026 school year. I understand that if I do not sign this I will not be allowed to use or take a Chromebook home from Cotter Elementary School.

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

Student signature

Parent signature

Teacher

Grade

*Kindergarten students will not take home chromebooks.

* Some grade level students will not be taking chromebooks home daily. It will be dependent on grade level teacher discretion.

STUDENT ELECTRONIC DEVICE and INTERNET USE AGREEMENT

Student's Name (Please print) _____

Grade Level _____ Date _____

School Cotter Elementary School Teacher _____

The Cotter School District agrees to allow the student identified above ("Student") to use the district's technology to access the Internet under the following terms and conditions which

Apply whether the access is through a District or student owned electronic device (as used in this Agreement, "electronic device" means anything that can be used to transmit or capture images, sound, or data):

1. Conditional Privilege: The student's use of the district's access to the Internet is a privilege conditioned the Student's abiding to this agreement. No student may use the district's access to the Internet whether through a District or student owned electronic device unless the Student and his/her parent or guardian have read and signed this agreement.

2. Acceptable Use: The Student agrees that he/she will use the District's Internet access for educational purposes only. In using the Internet, the Student agrees to obey all federal laws and regulations and any State laws and rules. The Student also agrees to abide by any Internet use rules instituted at the Student's school or class, whether those rules are written or oral.

3. Penalties for Improper use: If the Student violates this agreement and misuses the Internet, the Student shall be subject to disciplinary actions. [Note: A.C.A § 6-21-107 requires the district to have "...provisions for administration of punishment of students for violations of the policy with stiffer penalties for repeat offenders, and the same shall be incorporated into the district's written student discipline policy." You may choose to tailor your punishments to be appropriate to the school's grade levels.]

4. "Misuse of the District's access to the Internet" includes, but is not limited to the following:

- a. using the Internet for other than educational purposes;
- b. gaining intentional access or maintaining access to materials which are "harmful to minors" as defined by Arkansas law
- c. using the Internet for any illegal activity, including computer hacking and copyright and intellectual property law violations;
- d. making unauthorized copies of computer software;
- e. accessing "chat lines" unless authorized by the instructor for a class activity directly supervised by a staff member
- f. using abusive or profane language in private messages on the system; or using the system to harass, insult, or verbally attack others;
- g. posting anonymous messages on the system;
- h. using encryption software;
- i. wasteful use of limited resources provided by the school including paper;
- j. causing congestion of the network through lengthy downloads of files;
- k. vandalizing data of another user;
- l. obtaining or sending information which could be used to make destructive devices such as guns, weapons, bombs, explosives, or fireworks;
- m. gaining or attempting to gain unauthorized access to resources or files;
- n. identifying oneself with another person's name or password or using an account or password of another user without proper authorization;
- o. invading the privacy of individuals;
- p. divulging personally identifying information about himself/herself or anyone else either on the Internet or in an email unless it is a necessary and integral part of the student's academic endeavor.

Personally identifying information includes full names, address, and phone number.

- q. using the network for financial or commercial gain without district permission;
- r. theft or vandalism of data, equipment, or intellectual property;
- s. attempting to gain access or gaining access to student records, grades or files;
- t. introducing a virus to, or otherwise improperly tampering with the system;
- u. degrading or disrupting equipment or system performance;
- v. creating a web page or associating a web page with the school or school district without proper authorization;
- w. providing access to the District's Internet Access to unauthorized individuals;
- x. failing to obey school or classroom Internet use rules;
- y. taking part in any activity related to Internet use which creates a clear and present danger of the substantial disruption of the orderly operation of the district or any of its schools:
- z. Installing or downloading software on district computers without approval of technology director or his/her designee.

5. Liability for debts: Students and their cosigners shall be liable for any and all costs (debts) incurred through the student's use of the computers of the Internet including penalties for copyright violations.

6. No Expectation of Privacy: The Student and parent/guardian signing below agree that if the Student uses the Internet through the District's access, that the Student waives any right to privacy the Student may have for such use. The Student and the parent/guardian agree that the district may monitor the Student's use of the District's Internet Access and may also examine all system activities the Student participates in, including but not limited to e-mail, voice, and video transmissions, to ensure proper use of the system. The District may share such transmissions with the Student's parents/guardians.

7. No Guarantees: The district will make good faith efforts to protect children from improper or harmful matter which may be on the Internet. At the same time, in signing this agreement, the parent and Student recognize that the District makes no guarantees about preventing improper access to such materials on the part of the student.

8. Signatures: We, the persons who have signed below, have read this agreement and agree to be bound by the terms and conditions of this agreement.

Student's
Signature: _____ Date _____

Parent/Legal Guardian
Signature _____ Date _____

ARKANSAS DEPARTMENT OF EDUCATION HEALTH HISTORY

NOTE: To be completed by the parent/guardian of the Kindergarten student prior to the physical examination/nursing assessment (please print).

Student Name (Last, First, Middle) _____
 Date of Birth _____ School _____
 Medicaid Number _____ Medicaid Physician _____
 Parent/Guardian Name _____ Phone _____
 Parent/Guardian Name _____ Phone _____
 Physician Name, Address, Phone _____
 Dentist Name, Address, Phone _____
 Name and address of private health insurance _____

To be completed by parent/guardian (Please circle one):

- | | | |
|--|-----|----|
| 1. Does your child pay attention when being read to? | Yes | No |
| 2. Can your child play quietly along for over ½ hour? | Yes | No |
| 3. Does your child mind adults and follow instructions? | Yes | No |
| 4. Does your child speak clearly enough for others to understand? | Yes | No |
| 5. Does your child have any speech problems (Stammering, delayed Speech development, etc.)? | Yes | No |
| 6. Does your child object to being left with a sitter? | Yes | No |
| 7. Can your child dress without help? | Yes | No |
| 8. Does your child ever wet or soil him/herself during the day? | Yes | No |
| 9. Do you have any concerns regarding your child (eating and sleeping habits, bowel or bladder, posture, teeth, skin, weight, etc.)? | Yes | No |
| 10. Does your child have any eye problems (difficulty seeing, crossed eyes, frequently reddened or watery eyes, wear glasses or contact lens)? | Yes | No |
| 11. Does your child have any ear or hearing problems(frequent earaches, difficulty hearing, draining ear, use of hearing aid, etc.)? | Yes | No |
| 12. Does your child have allergies (food, insects, drugs, pollens, etc.)? | Yes | No |
| 13. Does your child have any specific sickness which might, in your opinion, affect his/her school performance or program? | Yes | No |
| 14. Do you have any concerns about your child's development behavior or emotional well-being of which the school should be aware? | Yes | No |

Information on this form may be shared with appropriate personnel for health and educational purposes.

Parent/Guardian Signature _____

Cotter School District Student Residency Questionnaire

Name 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: |

COTTER PUBLIC SCHOOLS

P.O. BOX 70 · COTTER, ARKANSAS 72626

AIRL CHEEK
Elementary Principal
(870) 435-6655

JAYME JONES
Superintendent
(870) 435-6171

JAROD JEFFERSON
High School Principal
(870) 435-6323

Bus Riding Contract

1. No bullying on the school bus.
2. No fighting, tripping, or shoving on the school bus.
3. No loud music.
4. No cursing.
5. Respect your bus driver and fellow riders.
6. Go directly to your seat.
7. Keep body parts inside the bus.
8. No eating or drinking on the bus.

I understand that riding the bus is a privilege and may be revoked if I don't follow the rules of good behavior.

Student _____

Parent _____

*Please understand that this form not only applies to bus riders but also students who ride the bus for field trips, sporting events, etc.

“HOME OF THE WARRIORS”

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 accident/illness

Parent/Guardian name _____ Phone _____
Place of work/work number _____

Parent/Guardian name _____ Phone _____
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 Deficit |
| _____ 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 _____

COTTER PUBLIC SCHOOLS

PO BOX 70 COTTER, AR 72626

Airl Cheek
Elementary Principal
870-435-6655

Jayme 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