



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

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:_____

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

I would like my student to NOT be photographed.

*This includes their photo being displayed in the school yearbook, social media, class photos, etc.

Has your child previously attended:

YES

NO

AR Better Chance (ABC Preschool)

21st Century Comm Lrn Ctr

Even Start

Early Childhood Sped

Headstart

Private Preschool

Public Preschool

Other (please specify)

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 Name _____

Parent Signature _____

*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”

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 _____



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? _____</p> <p>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.

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