

**2012-2013 MARION SCHOOL DISTRICT ENROLLMENT FORM
AVONDALE ELEMENTARY SCHOOL – Grades PK-1**

WARNING: Any person who knowingly gives a false residential address for the purpose of public school enrollment is guilty of a misdemeanor and subject to a fine not to exceed \$1000. (A.C.A. 6-18-202) The Marion School District will prosecute those who present false addresses.

GENERAL STUDENT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____
 SSN: _____ Grade: _____ Birthdate: _____ Age: _____ Gender: M or F Curriculum: _____

Ethnicity (check one): _____ **Primary Race (check only one):** _____ **Additional Race (check all that apply):** _____
 _____ Hispanic _____ American Indian/Alaska Native _____ American Indian/Alaska Native
 _____ Non-Hispanic _____ Asian _____ Asian
Primary Language spoken in home: _____ **Black** _____ **Black**
 English _____ Spanish _____ _____ Hispanic _____ Hispanic
 Other: _____ _____ Native Hawaiian/Other Pacific Islander _____ Native Hawaiian/Other Pacific Islander
 _____ White _____ White

Primary Method of Transportation
 _____ Bus _____ Parent/Guardian (includes walkers, child care vans, etc.) _____ Drives Self _____ District Paid Transportation

- My child will ride the bus to school in the morning from: _____
 Street address _____ City _____
 Bus # to School: _____ Distance/Miles One Way: _____
- My child will ride the bus from school in the afternoon to: _____
 Street address _____ City _____
 Bus # from School: _____ Distance/Miles One Way: _____

Birth Certificate #: _____ City of Birth: _____
 Birth Country: _____ State of Birth: _____
 Last School Attended: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Pre-School Participation: (check one) _____ **Name of Preschool your child attended:** _____
 _____ A – ARKANSAS BETTER CHANCE _____ H – HEADSTART _____ O – OTHER
 _____ E – EVEN START _____ NA – NOT APPLICABLE _____ P – PRIVATE PRE-SCHOOL
 _____ EC – EARLY CHILDHOOD _____ C – 21ST CENTURY COMMUNITY LEARNING CENTER _____ PS – PUBLIC SCHOOL PRE-SCHOOL

PARENT/GUARDIAN INFORMATION

Living With: (check one)
 _____ A – ALONE _____ F – FATHER ONLY _____ I – INSTITUTION _____ P – BOTH PARENTS
 _____ D – FATHER & STEPMOTHER _____ G – GRANDPARENTS _____ L – LEGAL GUARDIAN _____ S – SPOUSE
 _____ E – MOTHER & STEPFATHER _____ H – HOMELESS _____ M – MOTHER ONLY _____ T – FOSTER PARENT

Parent/Guardian Name: _____

Parent/Guardian Address Information:

MAILING ADDRESS	911 ADDRESS
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Home Phone: _____	Cell Phone: _____
Parent/Guardian Workplace 1: _____ Employer: _____	Parent/Guardian Workplace 2: _____ Employer: _____
Work Phone: _____	Work Phone: _____
Parent/Guardian E-mail Address1: _____	
Parent/Guardian E-mail Address2: _____	

EMERGENCY CONTACT INFORMATION

Emergency Contact Information:

Contact 1 Name: _____ Contact 2 Name: _____
 Contact 1 Phone: _____ Contact 2 Phone: _____
 Contact 3 Name: _____ Contact 4 Name: _____
 Contact 3 Phone: _____ Contact 4 Phone: _____

Has this child been expelled from school in any other school district or is the child a party to an expulsion proceeding: _____ Yes _____ No

- Has this child been involved in a divorce in any way? _____ Yes _____ No
 **If yes, we must have certified copies of the most current court order (with judges signature) in our school files.
- Are custody procedures now in progress? _____ Yes _____ No
 **If yes, we must have a copy of the current temporary orders and a certified copy of the final custody papers when custody is determined by the court.

Parent/Guardian Signature

Date

GENERAL MEDICAL INFORMATION

Preferred Doctor: _____ Doctor's Phone# _____
Preferred Hospital: _____ Medicaid # _____
Health Insurance Co. _____ Group# _____ ID# _____

Does your child have one or more of the following disabilities? (please check any that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Implant – Head | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Implant – Spine | <input type="checkbox"/> Other _____ |

Medical History: Does your child have now or ever had any of the following: (please check any that apply)

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> * Allergies | <input type="checkbox"/> Eye Problems | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headaches | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Heart Problems | |

*Please identify any allergies or chronic illnesses. _____

There is a physician's care plan on file with the school for the condition listed above. _____Yes _____No

Please list any other medical concern for this child: _____

Medications that your child takes regularly:

Name of medication: _____ Dosage: _____

Name of medication: _____ Dosage: _____

NOTE: If your child will take medicine at school, you must complete a medication administration release form in the office. All medications must be administered through the office.

ADDITIONAL INFORMATION

If your child will go to a day care center or baby sitter after school, please provide the following information.

Name/Daycare: _____

Address: _____

Phone #: _____

Names and ages of brothers and sisters in the home:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENT PERMISSIONS

Authorization for Medical Treatment:

If parent, guardian, or person designated cannot be reached, Marion School District has authority to give consent for emergency medical treatment. The school district is in no way financially responsible for medical treatment. Parent's or guardian's signature indicates permission for the school nurse or principal of the school to follow the directions above. Permission is also given for any child to take acetaminophen (Tylenol) in case of fever, headache, etc. Tylenol will only be given if the child's temp is 101 degrees and parent cannot be reached.

Field Trip Permission:

I give my permission for my child to go on any field trip related to school activities. I hereby waive and release the school from any and all possible claims for injury to person or property which might arise in connection with my child's participation in these activities.

My child is in good physical condition and has had no serious illness or operation since his/her last health examination. I will notify my child's teacher of any health condition that might need to be monitored on any field trip.

Permission to use name/picture:

I give permission for my child's name and/or picture (either as an individual or as part of a group) to appear in articles relating to school in school newsletters, on the school website, and/or in area newspapers.

Authorization to pick up child from school:

The following people have permission to pick up my child from school. I will call or write a note if one of these persons will pick up my child, or if there is any change in the usual way he/she goes home from school. I understand that only the people listed below will be allowed to pick up my child.

Name	Relationship to Child (if any)	Phone#
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature

Date