

Grade: _____

Lake Hamilton School District
Enrollment Form

Assigned Teacher: _____

ID# _____

FIRST NAME: _____	MIDDLE NAME: _____	LEGAL LAST NAME: _____
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Birthdate: _____

Gender: Female Male

Social Security #: _____ (opt)

Hispanic/Latino Ethnicity: Yes No

Please answer the following in accordance with standards issued by the US Department of Education

Primary Race: (Please select only **ONE**)

_____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)

_____ **Asian** (A person having origins in any of the original peoples of Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

_____ **Black or African American** (A person having origins in any of the black racial groups of Africa)

_____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of HI, Guam, Samoa, or Pacific Islands)

_____ **White** (A person having origins in any of the original peoples of Europe, Middle East or North Africa)

Additional Races: (if needed, select all that apply):

_____ American Indian/Alaska Native _____ Asian

_____ Native Hawaiian/Other Pacific Islander _____ White _____ Black

Primary Language Spoken At Home - _____

Student Physical Address

Student Mailing Address, if different

Address: _____ City: _____ State: _____ Zip Code: _____	Mailing Address is SAME as Physical Address Address: _____ City: _____ State: _____ Zip Code: _____
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PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1 (**FIRST** called in emergency)

Parent/Guardian 2 (**SECOND** called in emergency)

Name: _____ Relationship to Student: _____ Language of Correspondence: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Email: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ *Alert Phone: _____ *Alert Phone is used by the district's automated phone message system. Employer: _____ <input type="checkbox"/> Student Primarily Resides with this Guardian.	Name: _____ Relationship to Student: _____ Language of Correspondence: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Email: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ *Alert Phone: _____ *Alert Phone is used by the district's automated phone message system. Employer: _____ <input type="checkbox"/> Student Primarily Resides with this Guardian.
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*List Anyone **NOT ALLOWED** to Pick Up or Have Contact with Your Child*- _____

Please complete page 2.

Lake Hamilton School District Enrollment Form

City of Birth: _____ State of Birth: _____ Country of Birth: _____

TRANSPORTATION

<p><u>Travel To School</u> (Check one)</p> <p><input type="checkbox"/> Bus Bus Number _____</p> <p><input type="checkbox"/> Parent/Guardian (includes car rider, walkers, child care vans, etc.)</p> <p><input type="checkbox"/> District Paid Transportation Distance from home-school one way _____mi.</p>	<p><u>Travel From School</u> (Check one)</p> <p><input type="checkbox"/> Bus Bus Number _____</p> <p><input type="checkbox"/> Parent/Guardian (includes car rider, walkers, child care vans, etc.)</p> <p><input type="checkbox"/> District Paid Transportation</p>									
<p><u>Pre-School:</u></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">A - ARKANSAS BETTER CHANCE</td> <td style="width: 33%;">H - HEADSTART</td> <td style="width: 33%;">O - OTHER</td> </tr> <tr> <td>E - EVEN START</td> <td>C - 21st CENTURY COMMUNITY LEARNING CENTER</td> <td>P - PRIVATE PRE-SCHOOL</td> </tr> <tr> <td>EC - EARLY CHILDHOOD</td> <td>PS - PUBLIC SCHOOL PRE-SCHOOL</td> <td>NA - DID NOT ATTEND</td> </tr> </table>		A - ARKANSAS BETTER CHANCE	H - HEADSTART	O - OTHER	E - EVEN START	C - 21st CENTURY COMMUNITY LEARNING CENTER	P - PRIVATE PRE-SCHOOL	EC - EARLY CHILDHOOD	PS - PUBLIC SCHOOL PRE-SCHOOL	NA - DID NOT ATTEND
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EC - EARLY CHILDHOOD	PS - PUBLIC SCHOOL PRE-SCHOOL	NA - DID NOT ATTEND								

Is this child a dependent of an active or reserve member of a branch of the United States Armed Services? Yes No

If the answer above is **YES**, please select the branch below-

<input type="checkbox"/> Active Duty – US Army	<input type="checkbox"/> Active Duty – US Air Force	<input type="checkbox"/> Active Duty – US Navy	<input type="checkbox"/> Active Duty – US Marines
<input type="checkbox"/> Active Duty – US Coast Guard	<input type="checkbox"/> Reserves – US Army	<input type="checkbox"/> Reserves – US Air Force	<input type="checkbox"/> Reserves – US Navy
<input type="checkbox"/> Reserves – US Marines	<input type="checkbox"/> National Guard – US Army	<input type="checkbox"/> National Guard – US Air Force	<input type="checkbox"/> Parents serve multiple branches

Is this student a twin (or a triplet, quadruplet, etc.)? Yes No

List names of additional siblings and grade: _____

MEDICAL INFORMATION/Emergency Contact

(OTHER than those listed on front)

1.	Name _____	Relation to child _____	Phone# _____	Cell, Home, Work _____
2.	Name _____	Relation to child _____	Phone # _____	Cell, Home Work _____
3.	Name _____	Relation to child _____	Phone # _____	Cell, Home Work _____
Physician: _____		Allergies: _____		
Please list any medical conditions for this child: _____				
Please list any current medications: _____				
I agree to meet all state health requirements regarding immunizations and furnish the proper documents to the school.				
_____ (Parent Signature)				

Last School Attended: _____ Phone #: _____

Address/City: _____

Does your child currently receive any special services such as **ACE/GT?** _____ **504?** _____ **Speech?** _____ **Special Ed?** _____ **ESL?** _____

Is your child currently expelled or suspended from another school? If so, state the reason _____

Has your child repeated any grades? _____ If yes, which grade? _____

Parent Signature _____

Date _____