

Lonoke School District

Phone: (501)676-6670

Lonoke Middle School Enrollment Form

Fax: (501)676-7013

GENERAL STUDENT INFORMATION

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

Gender: Female Male

Nickname: _____

Grade: _____

SSN (Optional): _____

Hispanic/Latino Ethnicity: Yes No

RACE 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 Hawaii, Guam, Samoa, or other Pacific Islands)
- ☐ White (A person having origins in any of the original peoples of Europe, Middle East or North Africa)

ADDITIONAL RACES (check all that apply):

____ American Indian/Alaska Native ____ Asian ____ Black
 ____ Native Hawaiian/Other Pacific Islander ____ White

Language Spoken At Home: _____ Student Email Address: _____

Student Physical/911 Address

Student Mailing Address

Address: _____	<input type="checkbox"/> Mailing Address is same as Physical/911 Address
City: _____	Address: _____
State: _____ Zip Code: _____	City: _____
	State: _____ Zip Code: _____

Student Home Phone: _____

Student Cell Phone: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1

Parent/Guardian 2

Name: _____

Relationship to Student: _____

Language of Correspondence: _____

Mailing 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: _____

☐ Student Primarily Resides with this Guardian.

Name: _____

Relationship to Student: _____

Language of Correspondence: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ *Alert Phone: _____

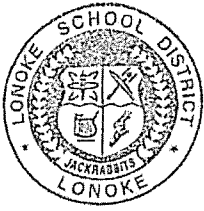
*Alert Phone is used by the district's automated phone message system.

Employer: _____

☐ Student Primarily Resides with this Guardian.

OFFICE USE ONLY

Entry Date: _____	Meal ST: _____	ESL: _____	IMMG: _____	Residency: _____
Entry Code: _____	M/V Act: _____	SP: _____	GT: _____	Choice LEA: _____
Curriculum: _____	504: _____	MIG: _____	Homeroom: _____	P/T ADM %: _____



LONOKE MIDDLE SCHOOL

1100 WEST PALM • LONOKE, ARKANSAS 72086

PHONE (501) 676-6670 • FAX (501) 676-7013

STUDENT RECORDS REQUEST AND RELEASE

AUTHORIZATION

Date _____

Address of Last School Attended

Student Name _____

Grade Entering _____ Date of Birth _____

Please include the following:

1. Birth Certificate and Social Security Card
2. Immunization Records
3. Latest Report Card
4. Grades to Date of Withdrawal and Key to your Grading System
5. Attendance Records/Report
6. Current Disciplinary Report
7. Student has been expelled/removed from class due to poor behavior
8. Standardized Test Scores/Benchmark Scores
9. IEP/Testing/Due Process Data, if applicable
10. AIP, if applicable
11. 504 Plan, If applicable
12. Smart Core Form
13. Sports Physical, if applicable

Thank you,

Virginia Ramirez, Registrar

It is not necessary for parents to sign a release when records are being passed from public school to public school. Note federal Registrar, Part 11 HEW-Privacy Rights of Parents and Students. Final rule on education records. Vol. 4, #118-24673. "99.31 Prior Consent for disclosure not required" a An education agency or institution may disclose personally identifiable information from the education records of a student without the written consent of the parent of the student or the eligible student if the disclosure in (1) to other school officials; (2) to officials of another school which the student seeks or intends to enroll, subject to the requirements set forth in 99.34

STUDENT/PARENT CHROMEBOOK SIGNATURE PAGE

Lonoke Public School District

Student Information

Last Name _____ First Name _____

Address _____

Home Phone _____ Cell Phone _____

Parent/Guardian Information

Last Name _____ First Name _____

Address _____

Home Phone _____ Cell Phone _____

Chromebook and Technology Acceptable Use Agreement

Student Agreement

Rules and regulations are necessary in order to offer technology opportunities to the students. In order to use Chromebooks and technology resources, I agree to abide by the Acceptable Use Policy Guidelines as stated in this document.

Student Signature: _____ Date: _____

Parent/Guardian Agreement

In consideration of the privileges and opportunities afforded by the use of the technology and computer resources, I hereby release the Lonoke Public School District and its agents from any and all claims of any nature arising from my student's use or inability to use the technology and computer resources.

Parent Signature: _____ Date: _____

This sign-off is valid as long as the student is enrolled at Lonoke Public School District.

Chromebook #: _____

Lonoke Public School District Chromebook Policy Handbook Sign-Off and Student Pledge

Student initials		Parent initials
	<ul style="list-style-type: none"> o I will take good care of my Chromebook and know that I will be issued the same Chromebook each year. o I will never leave my Chromebook unattended in an unsecured or unsupervised location; I will know where it is. o I will never loan out my Chromebook to other individuals. 	
	<ul style="list-style-type: none"> o I will charge my Chromebook battery to full capacity each night or as directed. 	
	<ul style="list-style-type: none"> o I will keep food and beverages away from my Chromebook since they may cause damage to the device. o I will not disassemble any part of my Chromebook or attempt any repairs. o I will protect my Chromebook by always carrying it in a secure manner to avoid damage. 	
	<ul style="list-style-type: none"> o I will use my Chromebook in ways that are appropriate for education. o I understand that the Chromebook I am issued is subject to inspection at any time without notice and remains the property of Lonoke Public School District. o I will follow the policies outlined in the Chromebook Policy Handbook and the District Acceptable Use Policy while at school as well as outside the school day. 	
	<ul style="list-style-type: none"> o I will not place decorations (stickers, markers, writing, etc.) on the Chromebook. o I will be responsible for all damage or loss caused by neglect or abuse. 	
	<ul style="list-style-type: none"> o I will file a police report in case of theft or damage caused by fire. o I agree to pay the full replacement cost of my Chromebook, power cord/charger, in the event that any of these items are lost or intentionally damaged. 	
	<ul style="list-style-type: none"> o I agree to return the Chromebook, power cord/charger and in good working condition at the end of each school year. 	

This sign-off is valid as long as the student is enrolled at Lonoke Public School District

_____ - Student Signature

_____ - Parent/Guardian Signature

Dear Parent or Guardian,

The State of Arkansas requires mandatory screening of both vision and hearing for students in Pre-K, Kindergarten, grades 1st, 2nd, 4th, 6th, 8th and for new students or referrals.

Your child will or has received screenings by a registered nurse or a licensed practical nurse. The state allows districts to receive minimal reimbursement for some screens or services that the school provides for students. The reimbursements are to assist schools providing needed staff and services for the students. The reimbursements are not applicable to all students. Services in the school, such as vision and hearing screens, will not affect coverage or benefits in any way (this includes visits to an eye doctor). Under no circumstance will the student/family receive a bill for any of the screenings or services provided at the school. The school cannot be selective in receiving consents, so therefore consent is needed for every student, even if it does not apply.

The school will not make any of the student's records public. This consent is for reimbursement purposes only.

We appreciate your support.

Thank you,

Lonoke Public Schools Health Services

VISION AND HEARING SCREENINGS

In compliance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 123g; 34 CFR Part 99)

I, _____, give permission for my child, _____'s

(Parent/Guardian Name)

(First and Last Name)

Personally identifiable information/student education records to be disclosed to a Third Party Billing agent for the purpose of billing Medicaid and/or private insurance.

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date Signed

LONOKE SCHOOL DISTRICT

PARENT-STUDENT STATEMENT OF RESPONSIBILITY

Student Name

Date

The Lonoke School District has made available the Parent/Student Handbook online for your viewing and downloading. The Handbook is available on our website at www.lonokeschools.org. Once on our website, click on the State Required Information section, and click on the Parent/Student Handbook.

I acknowledge that I have been informed that the Lonoke School District Handbook is located online and available to me for viewing and downloading. I have also been informed of my right to request a hard copy of the Parent/Student Handbook.

We have received the information on the LPSD Parent/Student Handbook including Conduct and Discipline, and although we may not agree with all regulations, we understand that the student must adhere to them while she/he is at school, on the bus, at the bus stop or in attendance at school-sponsored activities. In the event that we are not entirely certain of some aspect of school policy, we will contact the principal for clarification within one (1) week after receipt of that policy.

Your signatures below certify that you and your student received information in regards to accessing the Parent/Student Handbook from the school she/he attends. Please sign and return to the school within one (1) week after receipt.

_____ I would like to receive a hard copy of the Parent/Student Handbook.

Student Signature

Date

Parent/Guardian Signature

Date

Lonoke School District

Student Media Release and Photographs Consent Form (Parent/Guardian)

The Lonoke Public School District tries to be as inclusive as possible while respecting the individual confidentiality of students and their parents/guardians. LPSD collects, retains and uses your child's likeness and personal information in a variety of ways in accordance with the Family Educational Rights and Privacy Act (FERPA).

I understand that the LPSD and its schools, as well as external media organizations attending LPSD school events, may record events and activities through the use of photographs, print/digital and other recordings, publications, postings and/or broadcasting which may be comprised of my child's name, student work and/or performance and could include recognizable images of my child involved in educational activities before, during and/or after school. I understand that the LPSD does not have any control or authority over how third party media organizations use or disclose this information, and that the recordings may appear on the internet or in other publications outside of the LPSD's control.

I understand that individual student and/or classroom photographs may be taken by a photography agency and acknowledge that such photos become public once sent home with each child, used in a school yearbook (which may be digital) and/or used in school displays/school websites/school Facebook pages.

I agree that the LPSD and/or my child's school may use and disclose at its discretion my child's image, including student profile picture, student work, recordings and/or performances by posting and/or broadcasting them on the LPSD website, school websites, yearbooks, on LPSD and school social media sites such as Facebook, Twitter, YouTube and/or disclosing these records on other modes via the internet, television or radio. I release ownership, moral rights or financial benefit, whether this use or disclosure is known or unknown to me. I will not hold the LPSD responsible for any harm that may arise from the aforementioned.

I acknowledge all of the above through my consent and release any claim to the protection of personal privacy of my child under the provisions of the Family Educational Rights Privacy Act (FERPA).

PLEASE COMPLETE Part A and Part B in BOTH sections-1. Media and 2. Student Photographs.

1. MEDIA	
Part A: Board/School	
<input type="checkbox"/> I CONSENT <input type="checkbox"/> I DO NOT CONSENT	to my child's image, personal information and/or student work being collected, used, retained and/or disclosed by LPSD as described above.
Part B: Third Party	
<input type="checkbox"/> I CONSENT <input type="checkbox"/> I DO NOT CONSENT	to my child's image and/or personal information being collected, used, retained and/or disclosed by third party media organizations as described above.
2. STUDENT PHOTOGRAPHS	
Part A: School/Classroom Photos	
<input type="checkbox"/> I CONSENT <input type="checkbox"/> I DO NOT CONSENT	to my child participating in the school/classroom photo, which may involve the LPSD/my child's school reproducing or displaying class photographs relating to or involving my child, as described above.
Part B: Individual Student Photos	
<input type="checkbox"/> I CONSENT <input type="checkbox"/> I DO NOT CONSENT	to my child participating in the individual student photo and/or student profile picture, which may involve the LPSD/my child's school reproducing or displaying student photographs relating to or involving my child, as described above.

I have discussed this form and my decisions with my child. I fully understand the contents and meaning of this consent and release of responsibility for harm that might be caused by the collection, use, retention and/or disclosure of my child's personal information.

I understand that I can, at any time, revoke my consent by informing my Principal in writing. I understand that this form will remain active on my child's file at the school until replaced by the most recent signed form.

Student's Name: _____

Date: _____

Parent/Guardian Name (Print): _____

Signature: _____

LONOKE SCHOOL DISTRICT

ANTI-BULLYING

Students who bully another person shall be held accountable for their actions whether they occur on school equipment or property; off school property at a school sponsored or approved function, activity, or event; going to or from school or a school activity in a school vehicle or school bus; or at designated school bus stops. "Bullying" means the intentional harassment, intimidation, humiliation, ridicule, defamation, or threat or incitement of violence by a student against another student or public school employee by a written, verbal, electronic, or physical act that may address an attribute of the other student, public school employee, or person with whom the other student or public school employee is associated and that causes or creates actual or reasonably foreseeable:

Physical harm to a public school employee or student or damage to the public school employee's or student's property; Substantial interference with a student's education or with a public school employee's role in education;

A hostile educational environment for one (1) or more students or public school employees due to the severity, persistence, or pervasiveness of the act; or Substantial disruption of the orderly operation of the school or educational environment.

Examples of "Bullying" may also include but are not limited to a pattern of behavior involving one or more of the following: Sarcastic comments "compliments" about another student's personal appearance or actual or perceived attributes, Pointed questions intended to embarrass or humiliate, Mocking, taunting or belittling, Non-verbal threats and/or intimidation such as "fronting" or "chesting" a person, Demeaning humor relating to a student's race, gender, ethnicity or actual or perceived attributes, Blackmail, extortion, demands for protection money or other involuntary donations or loans, Blocking access to school property or facilities, Deliberate physical contact or injury to person or property, Stealing or hiding books or belongings, Threats of harm to student(s), possessions, or others, Sexual harassment, and/or Teasing or name-calling based on the belief or perception that an individual is not conforming to expected gender roles or conduct or is homosexual, regardless of whether the student self-identifies as homosexual. Electronic acts of bullying are prohibited whether or not the electronic act originated on school property or with school equipment, if the electronic act is directed specifically at students or school personnel and maliciously intended for the purpose of disrupting school, and has a high likelihood of succeeding in that purpose.

The person or persons reporting behavior they consider to be bullying shall not be subject to retaliation or reprisal in any form. Students are encouraged to report behavior they consider to be bullying, including a single action which if allowed to continue would constitute bullying, to their teacher or the building principal. The report may be made anonymously. Parents or legal guardians may submit written reports of incidents they feel constitute bullying, or if allowed to continue would constitute bullying, to the principal. The principal shall be responsible for investigating the incident(s) to determine if disciplinary action is warranted. A school principal or his or her designee who receives a credible report or complaint of bullying shall promptly investigate the complaint or report and make a record of the investigation and any action taken as a result of the investigation.

Students found to be in violation of this policy shall be subject to disciplinary action up to and including expulsion. In determining the appropriate disciplinary action, consideration may be given to other violations of the student handbook, which may have simultaneously occurred. The entire LPSD Bullying policy can be found at www.lonokeschools.org. Signatures below certify that the guardian and student received information in regard to the LPSD Bullying Policy. Sign and return to the student's school within one (1) week of receipt.

STUDENT NAME

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

Lonoke School District
COMPUTER- ASSISTED INSTRUCTION AGREEMENT AND APPROPRIATE
USE OF COMPUTERS AND NETWORKS

Student Section

School: _____

Student Name: _____

I have read Section R., Appropriate Use of Computers and Networks. I understand and agree to follow the rules contained in this policy and regulation. I further understand that if I violate the rules, my access privileges may be terminated and disciplinary action may be taken.

Student Signature: _____ Date: _____

Parent or Guardian Section

As a parent or guardian of this student, I have read the Computer-Assisted Instruction: Appropriate Use of Computer Networks Policy and Regulation. I understand that this access is designed for educational purposes and that the Lonoke School District has taken available precautions to eliminate controversial material. However, I also recognize that it is impossible for the District to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to issue an account to my child.

Parent Name: _____

Address: _____

Phone: _____

Parent Signature: _____ Date: _____

**LONOKE SCHOOL DISTRICT
RESIDENCY FORM**

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

List all of your children birth through age 21.

Name of Child	School	Age	Grade	Date of Birth

Parent/Guardian _____

Address _____

City _____

Zip Code _____ Phone Number: _____

Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently lives in (you can choose more than one):

- _____ House or apartment with parent or guardian
- _____ Motel, car, or campsite
- _____ Shelter or other temporary housing
- _____ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- _____ Loss of housing
- _____ Economic situation
- _____ Temporarily waiting for house or apartment
- _____ Provide care for a family member
- _____ Living with boyfriend/girlfriend
- _____ Loss of employment
- _____ Parent/Guardian is deployed
- _____ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians?

Yes No

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at 501-676-7090 or the State Coordinator at 501-683-5428.

By signing below, I acknowledge that I have received and understand the above rights.

Arkansas law provides that anyone who knowingly gives a false residential address for purposes of public school enrollment is guilty of a violation and subject to a fine of up to \$1,000 (Ark. Code Ann. § 6-18-202(f)).

Signature of Parent/Guardian/Unaccompanied Youth

Date

Signature of McKinney-Vento Liaison

Date

LONOKE SCHOOL DISTRICT
Services for McKinney-Vento Identified Students

Student: _____

School: _____

Grade _____

Please check the services needed or desired:

☐ Free Lunch

☐ Transportation to the
school of origin

☐ Clothing/Uniform

☐ School supplies

☐ Counseling

☐ Medical/dental referral

☐ Vision referral

☐ Medicaid/DSHS services
– food stamps

☐ Preschool Enrollment
records

☐ Missing enrollment
records

☐ Birth certificate

☐ Immunization/medical
records

☐ Tutoring

☐ After-school programs

☐ Teen Center

☐ Mentoring

☐ Special Education

☐ Gifted/talented

☐ Vocational/technical

☐ Community resource

☐ Prior academic
records

☐ LEP/Bilingual program

☐ Guardianship issues

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

Lonoke Middle School
Sissy Fletcher, Counselor

Student Needs Survey

Name: _____

Grade: _____

Dear Students and Parents,

Welcome to the Lonoke School District. The LMS Counseling Center is committed to helping students maximize their potential and academic success through the direct service of individual and small group counseling. If you feel like your child would benefit from such services, please indicate below.

Sincerely,

Sissy Fletcher, LMS Counselor

_____ DEATH WHO HAS DIED? _____ WHEN? _____

_____ SEPARATION ISSUES (HOSPITALIZATION, INCARCERATION, DIVORCE)

_____ STUDY SKILLS/GETTING ORGANIZED

_____ ANGER/SELF-CONTROL

_____ ACTIVE MILITARY BRANCH: _____

_____ OTHER _____

_____ PLEASE CONTACT ME TO DISCUSS PRIVATELY

CONTACT NAME: _____ NUMBER: _____

ARKANSAS MINIMUM GRADUATION REQUIREMENTS
SMART CORE WAIVER FORM
For current Arkansas Graduation Requirements, please visit <http://bit.ly/ARGradReq>

Name of Student: _____
Name of Parent/Guardian: _____
Name of District: _____
Name of School: _____

Smart Core is Arkansas's college- and career-ready curriculum for high school students. College and career readiness in Arkansas means that students are prepared for success in entry-level, credit-bearing courses at two-year and four-year colleges and universities, in technical postsecondary training, and in well-paid jobs that support families and have pathways to advancement. To be college and career ready, students need to be adept problem solvers and critical thinkers who can contribute and apply their knowledge in novel contexts and a variety of situations. Smart Core is the foundation for college and career readiness. All students should supplement additional rigorous coursework within their career focus.

Failure to complete the Smart Core Curriculum for graduation may result in negative consequences such as conditional admission to college and ineligibility for some scholarship programs.

STATE MINIMUM GRADUATION REQUIREMENTS

English – 4 credits

- 9th Grade English*
- 10th Grade English*
- 11th Grade English*
- 12th Grade English or Transitional English 12*

Mathematics – 4 credits (or 3 credits of math and 1 credit of Computer Science**)

- Algebra I (or Algebra I-Part A & Algebra I-Part B – each may be counted as one credit of the 4-credit requirement)
- Geometry (or Geometry-Part A & Geometry-Part B – each may be counted as one credit of the 4-credit requirement)

(All math credits must build on the base of algebra and geometry knowledge and skills.)

Science – 3 credits (or 1 biology, 1 physical science, and 1 Computer Science**)

- ADE approved biology – 1 credit
- ADE approved physical science – 1 credit
- ADE approved third science or Computer Science Flex – 1 credit

Social Studies – 3 credits

- Civics* – ½ credit
- World History* – 1 credit
- American History* – 1 credit
- other social studies* – ½ credit

Oral Communications – ½ credit

Physical Education – ½ credit

Health and Safety – ½ credit

Economics and Personal Finance – ½ credit (may be counted toward Social Studies or Career Focus)

Fine Arts – ½ credit

Career Focus – 6 credits

Personal Finance* – Beginning with the freshmen class of 2017-18, A.C.A. § 6-16-135 requires students to complete a course that includes specific personal finance standards in either grades 9, 10, 11, or 12.

*Category course options as listed under each applicable subject area in the ADE Course Code Management System

**Computer Science – (optional). A flex credit of an approved Computer Science (any course starting with 465 or 565) may replace the 4th math requirement or the 3rd science requirement. Two distinct credits of the approved computer science courses may replace the 4th math requirement and the 3rd science requirement. Once the 4th math requirement and the 3rd science requirements have been met, any additional computer science credits will be recognized as career focus credits.

Each high school student shall be required to take at least one digital learning course for credit to graduate.

By signing this form, I acknowledge that I have been informed of the requirements and implementation of the Smart Core Curriculum and am choosing to waive the Smart Core curriculum. I understand the potential negative consequences of this action as outlined on this form.

Parent/Guardian/Adult Student Signature _____

Date _____

School Official Signature _____

Date _____

Arkansas Department of Education— May 9, 2019

Lonoke School District Health Card 2020-2021

Student Name	Allergies	
Date of Birth:	Home Room:	Grade:
Parent/Guardian:	Primary Phone:	
Parent/Guardian:	Secondary Phone:	
Emergency Contact:	Emergency Phone:	
Physician/Clinic:	Phone:	Insurance Information:
Preferred Hospital:	Medicaid Number:	

CURRENT HEALTH CONCERNS

Please check the following health concerns that may impact the student's educational day.
This information may be shared with the LPSD staff as appropriate.

EPI-PEN prescribed: Yes/No

Food(s) _____
 Insect/Bee/Wasp _____
 Environmental _____
 Medications _____
 Other _____

SEIZURES: Yes/No

Type of seizures: _____
 Date of last seizure: _____

Diastat prescribed for seizures: **Yes/No**

ASTHMA: Yes/No

Asthma action plan signed by doctor must be turned in with inhaler to school nurse.

Inhaler type: _____ Nebulizer: _____

DIABETES: Yes/No

Medications: _____

HEART PROBLEMS: Yes/No

Explain: _____

VISION PROBLEMS: Yes/No

Glasses: **Yes/No**

Date of last eye exam: _____

HEARING PROBLEMS: Yes/No

Hearing aids: **Yes/no**

Date of Last exam _____

CANCER: Yes/No Type: _____

CEREBRAL PALSY: Yes/No _____

MEDICATIONS: PLEASE LIST ALL MEDICATIONS YOUR CHILD TAKES ON A ROUTINE BASIS: 1) _____

2) _____ **3)** _____ **4)** _____

OTHER :

Unless a specific time of a day is required or a medication is to be given more than 4 times a day it should be given at home.

All prescription medication must be provided by parents and brought to the school and a Medication form signed by parents before it can be administered by the nurse. The first does of any medication must be given at home.

MENTAL HEALTH ISSUES: Yes/No _____

NEUROLOGICAL PROBLEMS: Yes/No _____

PHYSICAL DISABILITY: Yes/No _____

NOSE BLEEDS: Yes/No _____

BOWEL OR BLADDER PROBLEMS: Yes/No

OTHER HEALTH PROBLEMS: _____

I give my permission for the following: (circle all that apply)

1. To be transported by ambulance in an emergency **Yes/No**

2. To be transported to a local doctors office for urgent care **Yes/No**

3. To receive oral medications for minor illnesses: Tylenol, Tums, Cough drops, Orajel, Chloraseptic spray, Children's cough and cold for nasal congestion, Claritin-(Loratadine), Cetirizne (Zyrtec) for allergies. **Yes/No**

Lonoke Middle School

It is our sincere desire to keep all children at Lonoke Middle School as safe as possible. Therefore, we are asking for you to give us names of the individuals that may check your child out of school.

Please complete the form below. We will make every effort to consult this form when someone requests to check out your child out of school.

In addition, office personnel will ask all individuals that come to the office to check a student out of school, for identification in the form of a valid driver's license.

Child's Name _____

Please list the name of the individuals, including yourself that have permission to check out your child.

Mother _____ Phone# _____ Cell# _____

Father _____ Phone# _____ Cell# _____

Other adults that may check out your child

1. _____ Relation to child
2. _____ Relation to child
3. _____ Relation to child

Parent's Signature _____ Date _____

Employment Survey

Your child may qualify to receive: free school supplies, free school meals, free books, free high school credits through correspondence, college scholarships, a free year of college at selected sites, limited health services

Su hijo puede calificar para recibir: útiles escolares gratis, comida en la escuela gratis, libros gratis, créditos para la secundaria por correspondencia gratis, becas para la Universidad, un año de Universidad gratis en sitios seleccionados, servicios de salud limitados.

Parent Information

Información de los Padres

Parent Name (Nombre de padres)

Contact Number (Teléfono de contacto):

Physical Address (Dirección física)

City/Ciudad:

Relocation History

Please Answer	Yes	No (if no STOP here)
In the last 3 years (including summer), did you or a family member leave home/move/go stay elsewhere for more than a week to look for or get work in agriculture or fishing work (See list Below)		

If "YES", please date and provide the following information:

Moved from: _____

Check all that Apply	Date
Processing plants (meat, poultry, fruit, dairy products, vegetables)	_____
Chicken Houses (catching, caring for chickens, picking up eggs)	_____
Caring for Livestock	_____
Nurseries (plants or trees)	_____
Cotton Gin	_____
Farming (planting, fertilizing, harvesting crops, cutting and bailing hay, etc...)	_____
Fish Farms	_____
Fruit Harvesting (Watermelons, picking berries)	_____
Timber Work (clearing land, skidding logs, planting, thinning or harvesting trees)	_____
Wood Processing (sorting, trimming, splitting logs, cutting lumber ie: pallet chip, sawmills)	_____

Historial de Reubicación

Por Favor, responda	Sí	No (si no para aquí)
En los últimos 3 años (incluyendo el verano), ¿Usted o algún miembro de su familia se fue de su casa/mudo/vivó en otro lugar por mas de una semana para buscar u obtener trabajo de agricultura o en granjas de peces?		

Si su respuesta es "Sí", por favor de firmar y proveer la siguiente información:

De donde se movió: _____

Marque todo lo que aplique	Fecha:
Plantas procesadoras (carne, frutas, verduras, aves de corral, productos lácteos)	_____
Granjas de pollo (agarrando, criando pollos, o levantando huevo)	_____
Cuidando Ganado	_____
Agricultura (plantando, cosechando cultivos, cortando y empacando paja etc...)	_____
Viveros (plantas o arboles)	_____
Pisca de algodón	_____
Graneros o compañías de semilla	_____
Cosecha de fruta (sandia or recogiendo uvas)	_____
Trabajo de Madera (limpiar la tierra, derrapar troncos, sembrar o cortar arboles)	_____
Procesamiento de madera (clasificando, podando, corte de troncos, corte de madera es	_____
decir: paletas de madera, astillando madera, aserraderos.	_____

List all Children in the household under 22

Escriba los nombres de todos los niños menores de 22 años.

Name/Nombre	Age/Edad	Name Nombre	Age/Edad
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:	
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.	All parents have the right to information about their child's education in a language they understand. 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? _____		
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.	2. What language(s) is (are) spoken in your home? _____ 3. What language did your child learn first? _____ 4. What language does your child use most often at home? _____ 5. What language does your family speak most often at home? _____ 6. What language do adults speak most often with each other at home? _____		
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' legal immigration status.</i>	7. Where was your child born? _____ 8. When did your child first attend a school in the United States (the 50 states, DC)? (Kindergarten – 12 th grade) _____ Month Day Year 9. Has your child attended a school in Puerto Rico? _____		

Thank you for providing the information needed on the Home Language Usage Survey. Contact your child's school if you have further questions about this form or about services available at your child's school.