



ELEMENTARY REGISTRATION

2017-2018



Bryant School District Registration Records

To register, students must provide:

- Documentation of student's date of birth including one of the following
 - Copy of birth certificate
 - Passport showing student's date of birth
 - United States military identification showing student's date of birth
 - Previous school records showing student's date of birth

- Copy of social security card
- Official, up to date, shot record
- Proof of enrollment at previous school
 - school records
 - withdrawal documents
 - final report card

- Proof of residency which must include personal property assessment and one of the following
 - utility bill
 - rent receipt with current date
 - lease agreement with current date
 - dated contract for the purchase of home
 - dated contract for closing on construction of a new home

Registration is not complete and student is not enrolled until all information is provided.



BRYANT PUBLIC SCHOOLS
Enrollment Form

Office Use Only			
Student ID #	_____		
Grade	_____	School	_____
Bus#	_____	Homeroom	_____

Name _____ Date of Birth _____
 Last First Middle Month/Day/Year

Sex M F Social Security Number _____ Is student a twin? Yes No

Address _____
 Street City Zip Primary Phone Number

Previous School _____
 Name of Previous School City State

Race Asian/PI Black Hawaiian/Pacific Native American/Alaskan Native White

Ethnicity Hispanic/Latino Yes No Travel Code Bus Drives Self Parent/Guardian

Is this student currently under suspension or expulsion from any school or are there procedures in progress pertaining to suspension or expulsion of your child? Yes No

Does the student take medication at school? Yes No

Was the previous school providing special services? (mark all that apply) ESL G/T
 Speech 504 Special Education Other _____

Student resides with Both Parents Mother Only Father Only Grandparent(s)
 Joint Custody Foster Parents Mother & Stepfather Father & Stepmother
 Other If other, please explain: _____

Parent/Guardian Name Home/Cell Number Work Phone
 _____ Do you need an interpreter? Yes No
 Email Address

Parent/Guardian Name Home/Cell Number Work Phone
 _____ Do you need an interpreter? Yes No
 Email Address

The person(s) listed below has permission to check my child out of school (list name and number)

1. _____ 2. _____
 3. _____ 4. _____

Is this student a military dependent? Yes No **If yes, please indicate status below:**
 Army Active Duty Reserves Coast Guard Active Duty Reserves
 Navy Active Duty Reserves Army National Guard
 Air Force Active Duty Reserves Air Force National Guard
 Marines Active Duty Reserves Parents Multiple Branch

Parent/Guardian Signature _____ Date _____

Dr. Karen C. Walters, Superintendent

This is a federally mandated form that must be completed for each student



Office Use Only			
Student ID #	_____		
Grade	_____	School	_____
Bus#	_____	Homeroom	_____

BRYANT PUBLIC SCHOOLS
Home Language Survey/Encuesta Del Idioma En El Hogar
 ESL Program/Programa de Ingles Como Segundo Idioma
 200 NW 4th Street
 Bryant, AR 72022
 Office (501) 653-5324

Student Information

First Name Primer Nombre	Middle Segundo	Last Apellido	Age Edad
			<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (Month/Day/Year) Fecha de Nacimiento (mes/día/año)	Place of Birth (City/State/Country) Lugar de nacimiento (Ciudad/Estado/País)	Sex Sexo	

Grade/Grado	School/Escuela	ID Number/Número de identificación
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1. What month and year did your child enroll in school in the United States?
¿Cuál es el mes y año en que inscribió a su niño en una escuela en los Estados Unidos? _____
2. What language did your child learn when he/she first began to talk?
¿Qué idioma aprendió su hijo cuando primero empezó a hablar? _____
3. What language is spoken in your home most of the time?
¿Qué idioma se habla en su casa la mayoría del tiempo? _____
4. What language does your child speak most of the time?
¿Qué idioma habla su hijo la mayoría del tiempo? _____
5. What language do the parents speak to the student most of the time?
¿Cual es el idioma que mas le hablan los padres al estudiante? _____
6. Do you need an interpreter for meetings with teachers or school officials?
¿Necesita un intérprete para las reuniones con los maestros u oficiales de la escuela? Yes No

Signature of Parent or Guardian/Firma de los Padres/Tutor Legal del Estudiante	Date/Fecha
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Dr. Karen C. Walters, Superintendent



**BRYANT PUBLIC SCHOOLS
Student Residency Questionnaire**

Your child may be eligible for additional services through Title I, Part A of the No Child Left Behind Act and the Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Presently, are you and/or your family living in any of the following situations? Check all that apply.

- Sharing the housing of others due to loss of housing, economic hardship or similar reason
- Staying in a shelter (family shelter, domestic violence shelter, youth shelter)
- Temporarily living in a motel or hotel due to loss of housing, economic hardship, or similar reason
- Living in a car, park campground, abandoned building, or other inadequate accommodations
- Living alone as a minor student(s) without an adult (unaccompanied youth)

If you checked any of the above please complete the remainder of this form. If you did not check any of the above, you do not need to complete this form.

First, Middle, Last Name	M/F	Date of Birth Month/Day/Year	Grade	School Name

The undersigned parent/guardian certifies that the information provided is accurate

Print Parent/Guardian Name	Signature	Date
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(Area Code) Phone	Street Address	City	State	Zip
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Dr. Karen C. Walters Superintendent



BRYANT PUBLIC SCHOOLS
Transfer Policy

Student Name _____

Date of Birth _____ Grade _____
Month/Day/Year

It is the desire of **Bryant Public Schools** to have every child attend the school to which they are assigned according to their current residence. However, due to the unpredictable increase in enrollment, it is sometimes necessary to transfer students to another school within our district in order to stay in compliance with the Arkansas state laws governing classroom size. ***Please consider this your notification of our transfer policy.***

If an overage occurs, students will first be transferred on a voluntary basis. If necessary, students will be transferred based on the date and time of enrollment. If there is a vacancy during the school year, your child will have the opportunity to transfer back to their zoned school

Parent/Guardian Signature _____ Date _____

Dr. Karen C. Walters, Superintendent



BRYANT PUBLIC SCHOOLS
Medical History

****Office Use Only****

Student ID # _____ Grade _____
School _____ Age _____ Homeroom _____

Name _____ Date of Birth _____
Last First Middle Month/Day/Year

*Life Threatening implies respiratory distress or need of emergency care

Allergies

- Foods/Nuts** _____ Life Threatening* Severe Mild Age of last reaction _____
- Insects** _____ Life Threatening* Severe Mild Age of last reaction _____
- Medications** _____ Life Threatening* Severe Mild Age of last reaction _____
- Other** _____ Life Threatening* Severe Mild Age of last reaction _____

Seasonal Hay Fever Has Medication at School Medication may cause drowsiness
Describe reaction _____

Asthma

- Life Threatening* Severe Mild Manages Own Care
- Induced by:** Cold Weather Exercise Stress Respiratory Infection Brings on Asthma Attack
- Takes Medication - Name of Medication _____ Medication may cause drowsiness

Heart Condition

- Murmur Has Pacemaker Activities Restricted Activities **NOT** Restricted Under Medical Care
- Other Conditions _____

Eyes

- Problem With:** Right Eye Left Eye Both Eyes Color Blind
- Wears Glasses Wears Contacts Last Prescription Change at Age _____ Surgery at Age _____
For _____

Other Eye Problems _____

Ears

- History of ear infections, age _____ Had Tubes **Has Tubes In:** Right Ear Left Ear Both Ears
- Other Ear Problems **Wears Hearing Aid:** Right Ear Left Ear Both Ears

Headaches

- Migraines **Caused by:** _____ **Has Medication at:** Home School

Bone Problems

- Scoliosis % of Curve _____ Knees Bone Spurs Other _____
- Under Doctor's Care **NO** Restrictions Restrictions _____

Other Conditions

- Birth Defects Cerebral Palsy Digestion/Intestinal Frequent & Severe Nose Bleeds Psychiatric
- Blood Disorder Cystic Fibrosis Eating Problems Hyperactivity Seizures
- Blood Pressure Diabetes Emotional Neurological Thyroid
- Other Conditions _____

Parent/Guardian Signature _____ Phone # _____ Date _____



Name: _____

School: _____

Publications, Video, Internet, and Directory Release Agreement for Students

Students who attend or participate in Bryant Public Schools programs or event are occasionally asked to be part of the county and/or statewide publicity, promotion, marketing efforts and /or public relations activities or projects, and/or to appear in educational and curriculum material developed by the District.

Bryant Public Schools may choose to use your child’s name, picture, art, written work, voice, verbal statement or portraits (video or still) in any educational and/or promotional printed or electronic place that furthers the District’s educational and/or public relation efforts during this and subsequent years. This includes but is not limited to external news media outlets, printed and/or broadcast, District web site, brochures, displays, newsletters, curriculum guides, purchased advertisements or other means of communicating with the public about District programs and services. The pictures, recordings, articles, copy or other means of communications may or may not personally identify your child.

AGREEMENT

Bryant Public Schools agrees that the youth’s name, picture, art, written work, voice, verbal statements, portraits (video or still) will only be used for the District’s public relations, public information, promotion, publicity and marketing efforts and/or to support its educational program.

Youth and Parent/Guardian understand and agree that:

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The photographs, video or student statements may be used in subsequent years;
- If the youth and Parents/Guardian wish to rescind this agreement, they may do so at any time with written notice.

I also understand that the participation by the below-named student in any interscholastic activity, including athletics and school clubs, may make the publication of some directory information unavoidable, and the publication of such information in other forms, such as telephone directories, church directories, etc., is not within the control of the District.

By signing below I object to the above agreement.

I understand that this form must be filed with the office of the appropriate building principal within ten (10) school days from the beginning of the school year or the date the student is enrolled in school in order for the District to be bound by this objection. Failure to file this form within that time is a specific grant of permission to publish such information.

Submission of this form to the District is NOT required if parent/guardian agrees to terms within release agreement.

I object to any and all disclosures and/or publication of my student(s) information, name, picture, are, written work, voice, verbal statements or; video or still portraits.

Student Name: _____ Date: _____

Signature of Parent: _____



BRYANT PUBLIC SCHOOLS
Request for Student Records from Previous School

Dear Registrar/*Estimado Registrador*:

My signature below grants permission for you to send all student records including but not limited to a transcript of all grades, achievement & psychological testing, immunization & health records, birth certificate, Social Security number, Title I, ESL, Gifted & Talented, Speech, Special Education, Due Process, and 504 records.

Mi firma abajo concede permiso para que usted envíe todos los expedientes del estudiante, e incluir pero no limitarse a una transcripción de todos los grados, los logros y las pruebas psicológicas, inmunizaciones y expedientes de salud, certificado de nacimiento, número de seguro social, Título I, Inglés segundo idioma (ESL), dotado/talento (GT), educación especial y 504.

Student Name <i>Nombre</i> _____	Birth Date (M/D/Y) <i>Fecha de nacimiento</i> _____	Grade <i>Grado</i> _____
Name of School <i>Nombre de la escuela</i> _____	Last Date Attended <i>Ultimo día asistió</i> _____	
School Address <i>Dirección de la escuela</i> _____		
Street/Calle	City/Ciudad	State/Estado Zip/Codigo Postal
Phone Number/ <i>Teléfono</i> _____	Fax Number/ <i>Número de Fax</i> _____	

The previous school will have the following records on file/ *La escuela anterior tendrá los siguientes expedientes*:

- | | | |
|---|--|--|
| <input type="checkbox"/> IEP | <input type="checkbox"/> G/T <i>Dotado/talento</i> | <input type="checkbox"/> Due Process Records/ <i>Expedientes procesados vencidos</i> |
| <input type="checkbox"/> 504 | <input type="checkbox"/> ESL/ <i>Inglés segundo idioma</i> | <input type="checkbox"/> Special Education / <i>Educación especial</i> |
| <input type="checkbox"/> Speech/ <i>Habla</i> | <input type="checkbox"/> Title I/ <i>Título I</i> | <input type="checkbox"/> Other/ <i>Otro</i> _____ |

Parent Signature/*Firma* _____ **Date/*Fecha*** _____

Send All Records To:

- | | | |
|---|--|--|
| <input type="checkbox"/> Bryant Elementary
200 NW 4 th Street
Bryant, AR 72022
Office 501-847-5642
Fax 501-847-0674 | <input type="checkbox"/> Collegeville Elementary
4818 Highway 5 North
Bryant, AR 72022
Office 501-847-5670
Fax 501-847-0732 | <input type="checkbox"/> Davis Elementary
12001 County Line Road
Alexander, AR 72002
Office 501-455-5672
Fax 501-455-2751 |
| <input type="checkbox"/> Hill Farm Elementary
500 Hill Farm Road
Bryant, AR 72022
Office 501-653-5950
Fax 501-653-5951 | <input type="checkbox"/> Hurricane Creek Elementary
6091 Alcoa Road
Benton, AR 72015
Office 501-653-1012
Fax 501-778-7463 | <input type="checkbox"/> Salem Elementary
2701 Salem Road
Benton, AR 72019
Office 501-316-0263
Fax 501-794-9043 |
| <input type="checkbox"/> Springhill Elementary
2716 Northlake Road
Alexander, AR 72002
Office 501-847-5675
Fax 501-847-5677 | <input type="checkbox"/> Bethel Middle School
5415 Northlake Road
Alexander, AR 72002
Office 501-316-0937
Fax 501-653-5830 | <input type="checkbox"/> Bryant Middle School
1105 Woodland Drive
Bryant, AR 72022
Office 501-847-5651
Fax 501-847-5654 |
| <input type="checkbox"/> Bryant High School
801 North Reynolds Road
Bryant, AR 72022
Office 501-847-5605
Fax 501-653-5440 | | |

Dr. Karen C. Walters, Superintendent