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# SECONDARY REGISTRATION

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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 records
- 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 SCHOOL DISTRICT  
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 SCHOOL DISTRICT**  
**Home Language Survey/Encuesta Del Idioma En El Hogar**  
 ESL Program/Programa de Ingles Como Segundo Idioma  
 200 NW 4<sup>th</sup> 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 SCHOOL DISTRICT  
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

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

**Dr. Karen C. Walters, Superintendent**



**\*\*Office Use Only\*\***

Student ID # \_\_\_\_\_ Grade \_\_\_\_\_  
 School \_\_\_\_\_ Age \_\_\_\_\_ Homeroom \_\_\_\_\_

**BRYANT SCHOOL DISTRICT  
 Medical History**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Last First Middle Month/Day/Year

\*Life Threatening implies respiratory distress or need of emergency care

**Allergies**

- |   |  |                                 |                               |   |
|---|--|---------------------------------|-------------------------------|---|
| <input type="checkbox"/> <b>Foods/Nuts</b> _____  | <input type="checkbox"/> Life Threatening* | <input type="checkbox"/> Severe | <input type="checkbox"/> Mild | <input type="checkbox"/> Age of last reaction _____ |
| <input type="checkbox"/> <b>Insects</b> _____     | <input type="checkbox"/> Life Threatening* | <input type="checkbox"/> Severe | <input type="checkbox"/> Mild | <input type="checkbox"/> Age of last reaction _____ |
| <input type="checkbox"/> <b>Medications</b> _____ | <input type="checkbox"/> Life Threatening* | <input type="checkbox"/> Severe | <input type="checkbox"/> Mild | <input type="checkbox"/> Age of last reaction _____ |
| <input type="checkbox"/> <b>Other</b> _____       | <input type="checkbox"/> Life Threatening* | <input type="checkbox"/> Severe | <input type="checkbox"/> Mild | <input type="checkbox"/> Age of last reaction _____ |

**Seasonal Hay Fever**  Has Medication at School  Medication may cause drowsiness  
 Describe reaction \_\_\_\_\_

**Asthma**

- |  |                                       |                                   |  |
|--|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Life Threatening*                           | <input type="checkbox"/> Severe       | <input type="checkbox"/> Mild     | <input type="checkbox"/> Manages Own Care                              |
| <b>Induced by:</b>   | <input type="checkbox"/> Cold Weather | <input type="checkbox"/> Exercise | <input type="checkbox"/> Stress  |
|  |                                       |                                   | <input type="checkbox"/> Respiratory Infection Brings on Asthma Attack |
| <input type="checkbox"/> Takes Medication - Name of Medication _____ |                                       |                                   | <input type="checkbox"/> Medication may cause drowsiness               |

**Heart Condition**

- |                                 |  |  |   |   |
|---------------------------------|--|--|---|---|
| <input type="checkbox"/> Murmur | <input type="checkbox"/> Has Pacemaker | <input type="checkbox"/> Activities Restricted | <input type="checkbox"/> Activities <b>NOT</b> Restricted | <input type="checkbox"/> Under Medical Care |
|---------------------------------|--|--|---|---|
- Other Conditions \_\_\_\_\_

**Eyes**

- |  |   |  |   |                                      |
|--|---|--|---|--------------------------------------|
| <b>Problem With:</b>                   | <input type="checkbox"/> Right Eye      | <input type="checkbox"/> Left Eye                              | <input type="checkbox"/> Both Eyes            | <input type="checkbox"/> Color Blind |
| <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Wears Contacts | <input type="checkbox"/> Last Prescription Change at Age _____ | <input type="checkbox"/> Surgery at Age _____ | For _____                            |

Other Eye Problems \_\_\_\_\_

**Ears**

- |   |                                    |                           |                                    |                                   |                                    |
|---|------------------------------------|---------------------------|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> History of ear infections, age _____ | <input type="checkbox"/> Had Tubes | <b>Has Tubes In:</b>      | <input type="checkbox"/> Right Ear | <input type="checkbox"/> Left Ear | <input type="checkbox"/> Both Ears |
| Other Ear Problems _____                                      |                                    | <b>Wears Hearing Aid:</b> | <input type="checkbox"/> Right Ear | <input type="checkbox"/> Left Ear | <input type="checkbox"/> Both Ears |

**Headaches**

- |                                    |                         |                           |                               |                                 |
|------------------------------------|-------------------------|---------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Migraines | <b>Caused by:</b> _____ | <b>Has Medication at:</b> | <input type="checkbox"/> Home | <input type="checkbox"/> School |
|------------------------------------|-------------------------|---------------------------|-------------------------------|---------------------------------|

**Bone Problems**

- |   |   |   |                                      |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Scoliosis % of Curve _____ | <input type="checkbox"/> Knees                  | <input type="checkbox"/> Bone Spurs         | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Under Doctor's Care        | <input type="checkbox"/> <b>NO</b> Restrictions | <input type="checkbox"/> Restrictions _____ |                                      |

**Other Conditions**

- |   |  |   |  |                                      |
|---|--|---|--|--------------------------------------|
| <input type="checkbox"/> Birth Defects  | <input type="checkbox"/> Cerebral Palsy  | <input type="checkbox"/> Digestion/Intestinal | <input type="checkbox"/> Frequent & Severe Nose Bleeds | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Eating Problems      | <input type="checkbox"/> Hyperactivity                 | <input type="checkbox"/> Seizures    |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Emotional            | <input type="checkbox"/> Neurological                  | <input type="checkbox"/> 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 School District 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.

The Bryant School District 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

The Bryant School District 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: \_\_\_\_\_