

Viola Elementary  
Kindergarten



School Year  
2020 - 2021

## Attention Parents:

Please label ALL supplies & belongings, including coats, jackets, and sweaters.

## I will need:

School will furnish basic supplies for your child; however, your child will need...

\*\* Backpack \*\*

\*\* Plastic Folding Mat for Naps \*\*

**NO towels or pillows**

\*\* A change of seasonal clothes for accidents \*\*

(Please put in a large Zip Lock bag with your child's name on the bag)

If you would like to donate extra items, our class uses a lot of *Paper Plates, Tissues, Quart & Gallon size Zip Lock bags and Germ-X.*

**Elementary Registration Card**

**Social Security** \_\_\_\_\_ **Date** \_\_\_\_\_

**Pupil** \_\_\_\_\_ **Grade** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**Place of birth** \_\_\_\_\_ **Age this date** \_\_\_\_\_  
City State Yrs. Mos.

**Date of birth** \_\_\_\_\_ **How verified** \_\_\_\_\_  
Month Day Year Birth record or other proof

**School last attended** \_\_\_\_\_ **Grade last attd.** \_\_\_\_\_

**Name of father or guardian** \_\_\_\_\_

**Do you ride school bus?** \_\_\_\_\_ **No. of miles** \_\_\_\_\_ **Route** \_\_\_\_\_  
(over)

**Numbers to be called if parents are not available.**

**Father's name** \_\_\_\_\_ **Work No.** \_\_\_\_\_

**Mother's name** \_\_\_\_\_ **Work No.** \_\_\_\_\_

**Relative or friend**

**Name** \_\_\_\_\_ **Number** \_\_\_\_\_

**Name** \_\_\_\_\_ **Number** \_\_\_\_\_

**Family Physician** \_\_\_\_\_

**You have my permission to give Aspirin or Tylenol if necessary.**  Yes  
(circle your preference)  No

**Signature** \_\_\_\_\_

# VIOLA SCHOOL DISTRICT

Viola School Enrollment Form

Phone: (870)458-1511

Fax: (870)458-2214

## GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:

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 <i>Mother</i>	Parent/Guardian 2 <i>Father</i>
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Language of Correspondence: _____	Language of Correspondence: _____
Mailing Address: _____	Mailing Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Email: _____	Email: _____
Home Phone: _____ Cell Phone: _____	Home Phone: _____ Cell Phone: _____
Work Phone: _____ *Alert Phone: _____	Work Phone: _____ *Alert Phone: _____
*Alert Phone is used by the district's automated phone message system.	*Alert Phone is used by the district's automated phone message system.
Employer: _____	Employer: _____
<input type="checkbox"/> Student Primarily Resides with this Guardian.	<input type="checkbox"/> 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 %: _____

*over*

**Viola High School Enrollment Form**  
**ADDITIONAL STUDENT INFORMATION**

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Birth Country: \_\_\_\_\_

**TRAVEL INFORMATION**

<p align="center"><b>Travel To School</b> (Please check one)</p> <p><input type="checkbox"/> Bus (Bus Number _____)</p> <p><input type="checkbox"/> Drives Self</p> <p><input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)</p> <p><input type="checkbox"/> District Paid Transportation</p>	<p align="center"><b>Travel From School</b> (Please check one)</p> <p><input type="checkbox"/> Bus (Bus Number _____)</p> <p><input type="checkbox"/> Drives Self</p> <p><input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)</p> <p><input type="checkbox"/> District Paid Transportation</p>
<p align="center">Distance From Home to School (Miles) One Way: _____</p>	

**Pre-School Participation:**

- |                            |  |                               |
|----------------------------|--|-------------------------------|
| 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 |

Birth Certificate #: \_\_\_\_\_ Resident County: \_\_\_\_\_

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

If this child resides in a household with an active or reserve member of a branch of the United States Armed Services, 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 in multiple branches

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

**ADDITIONAL CONTACT INFORMATION**

**Additional Guardian Contact**

Name: _____	Email: _____
Relationship to Student: _____	Home Phone: _____ Cell Phone: _____
Language of Correspondence: _____	Work Phone: _____ *Alert Phone: _____
Mailing Address: _____	*Alert Phone is used by the district's automated phone message system.
City: _____	Employer: _____
State: _____ Zip Code: _____	<input type="checkbox"/> Student Primarily Resides with this Guardian.

Last School Attended: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

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 retained? Yes No

Has this child met the requirements of the Arkansas State Health laws necessary to enter school? Yes No

Please list the names of anyone who IS NOT ALLOWED to check out/pick up this child from school: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# VIOLA ELEMENTARY SCHOOL

## NEW STUDENT REGISTRATION INFORMATION REQUEST

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ (Document of Birth - Passport, Military I.D., Baptism Certificate)

GRADE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ (A 9 Digit Number will be assigned if a SS# is not provided)

**\*\*Legal Guardianship paperwork is needed if student is not living with Biological parents.\*\***

**\*\*Copy of Immunization Records/Health Records\*\***

Do you have Medicaid? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Medicaid Number: \_\_\_\_\_

Do you reside in Viola School District? Yes \_\_\_\_\_ No \_\_\_\_\_

Is English your First Language? Yes \_\_\_\_\_ No \_\_\_\_\_

Where you ever enrolled in a Preschool Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you enrolled in any Special Classes in your previous School?

Yes \_\_\_\_\_ No \_\_\_\_\_ (Special Education, Resource Room, G/T, Speech Therapy, Alternative Education, etc...?)

Name of Special Classes \_\_\_\_\_

Was your previous school Consolidated or Annexed? Yes \_\_\_\_\_ No \_\_\_\_\_

Where you Expelled or were Expulsion Proceedings underway when you Withdrew from your previous School?

Yes \_\_\_\_\_ No \_\_\_\_\_

Where you serving Suspension at your previous School? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent Signature: \_\_\_\_\_

# Family Education Rights and Privacy Act

In compliance with the Family Education Rights and Privacy Act (FERPA) (20 U.S.C § 1232g; 34 CFR Part 99)

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_'s  
(Parent/Guardian Name) (First & Last Name)

Personally identifiable information/student education records to be disclosed to  
Viola Elementary School for the purpose of billing Medicaid and/or private insurance.

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

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Parent,

Please fill out form and put insurance information in the blank marked (Third Party). This gives the school permission to bill Medicaid for hearing test.

Thank you,

Viola Elementary School

Dear Parents,

Keeping you informed is a top priority at Viola Public Schools. We adopted the Phone Notification Service several years ago. This service allows us to send telephone, e-mail, and text messages to you providing important information about school events and emergencies (i.e. school delays or cancellations, Parent-Teacher conferences, etc.). In the event of an emergency at school, you can have peace of mind knowing that you will be informed by phone and/or text as soon as possible.

We require at least one telephone number per student since all messages are not also sent out as texts and emails. Most messages are sent to the **first number listed** for the student. This is a system function.

If you have any further questions about the notification system, wish to change the contact numbers for your child, or wish to remove a phone number, please call 870-458-4003.

Please return the bottom portion of this note to your child's school office or mail to Julie Walker at PO Box 380, Viola, AR 72583. Thank you.

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Please complete the bottom portion of this note and return it to your child's school office

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Please send telephone messages to the number(s) [up to 3] listed below:

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

Please send text messages to the number(s) [up to 2] listed below:

1: \_\_\_\_\_

2: \_\_\_\_\_

For messages sent by email [up to 2], please list the address below:

1: \_\_\_\_\_

2: \_\_\_\_\_



## ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ ID#: \_\_\_\_  
Month Day Year (preschool-12) (optional)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter  
 With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")  
 In a hotel/motel  
 In a car, park, bus, train, or campsite  
 Other temporary living situation (Please describe): \_\_\_\_\_  
 In permanent housing

\_\_\_\_\_  
Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Date

If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required** and the student is to be **immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

**NOTE TO SCHOOLS/LEAS:** If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

**EMERGENCY INFORMATION  
VIOLA PUBLIC SCHOOLS**

Grade: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
                     Last                    First                    MI  
 Parent's Names: \_\_\_\_\_  
                     Mother                                    Father  
 Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
                     Street                    City                    Zip

EMERGENCY NUMBERS

Mother's employment: \_\_\_\_\_  
                                     Name of Business                    Address                    Telephone  
 Father's employment: \_\_\_\_\_  
                                     Name of Business                    Address                    Telephone

If not available, please list others that we may call for help. Include their name and telephone number. These persons must have your permission to pick up your child if you are not available.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Health Information: Please list any health condition such as heart disease, diabetes, seizure disorder, allergies, asthma, eye/ear problems or any other medical condition.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medication(s): Please list all medication (if any) your child takes on a regular basis. Include dosage.

\_\_\_\_\_  
 \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Siblings now attending Viola Schools:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I, the undersigned, do hereby authorize officials of Viola School District to contact directly the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, the officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of my child. Furthermore, I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

You have my permission to administer over the counter medication as indicated below. (Please circle)

Tylenol - yes    no                      Benadryl (allergic reactions only) - yes    no

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_