

Van Buren School District

Phone: (479)474-7942

Fax: (479) 471-3146

<u>FIRST NAME:</u>	<u>MIDDLE NAME:</u>	<u>LAST NAME:</u>
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Birthdate: _____ Gender: (Circle one) Female Male SSN: _____

Grade: _____ Language Spoken at Home: _____ Hispanic/Latino Ethnicity: (Circle one) 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

Student Physical/911 Address

Address: _____
City: _____
State: _____ Zip Code: _____

Student Mailing Address

Mailing Address is same as Physical/911 Address

Address: _____
City: _____
State: _____ Zip Code: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1

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

Parent/Guardian 2

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

Last School Attended: _____ **Date Enrolled at VBSD:** _____

Student's City of Birth: _____ State of Birth: _____ Birth Country: _____

TRAVEL INFORMATION

Travel To School (Please check one)
 Bus
 Drives Self
 Parent/Guardian (includes walkers, child care vans, etc.)
 District Paid Transportation
Distance From Home to School (Miles) One Way: _____

Travel From School (Please check one)
 Bus
 Drives Self
 Parent/Guardian (includes walkers, child care vans, etc.)
 District Paid Transportation

Is this child a dependent of an active or reserve member of a branch of the United States Armed Services? Yes or 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 – United States 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 multi branches

ADDITIONAL CONTACT INFORMATION

Name: _____ Relationship to Student: _____ Phone: _____
Name: _____ Relationship to Student: _____ Phone: _____
Name: _____ Relationship to Student: _____ Phone: _____

◆ Has this child been expelled from school in any other school district or is the child a party to an expulsion proceeding? Yes or No

◆ Has this student been in any special programs (ex. Special Ed, Resource, GT, Speech)?: _____

◆ Does this student live with: friends or family (not parent or guardian), in a shelter, with more than one family in a house or apartment, or in a motel, car or campsite? Yes or No

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

◆ Does this student have siblings enrolled in the Van Buren School District? If so, please list names and grades here: _____

*****THIS SECTION - INCOMING KINDERGARTEN ONLY*****

Pre-School Participation: (Circle One)

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

