

Pinkston Middle School 2005-2006 Registration

According to Arkansas state law a child will not be allowed to enter school unless there is a state birth certificate (A hospital record will not be accepted), social security card, and up-to-date immunization record on file.

Student Name: _____ Grade _____

Birthdate _____ (first) _____ (middle) _____ (last) _____
 Age _____ Sex _____ SS # or 900# _____

Ethic Code (circle one) White Hispanic Black Asian Native American Other _____

Parent (s) or guardian with whom the student lives:

Guardian #1 Relationship _____ **Guardian # 2** Relationship _____

(1) _____ (2) _____

(last name) (first name) (last name) (first name)

County _____

Home Address Home Address

Home Phone Work/Cell Phone Home Phone Work/Cell Phone

List Sibling in the home:

Name Age Grade

Emergency Contact Person (not living in the home)

Name Phone

Name Phone

Transportation Information: Do you live 2 or more miles from school? Yes _____ No _____

Mode of transportation to school: Bus Walk Car From School: Bus Walk Car Youth Center Bus

Directions to Home: _____

My child will be riding Bus# _____

Previous school attended:

State _____

Pursuant to Act 472 of 1995 School Registration forms should include the following question:

Has your child ever been expelled from another school in any other school district? _____ Is your child currently under an order of expulsion in his/her former school district? _____ If so, when may your child return to his former district? _____ Are expulsion proceedings currently pending against your child, or have you been informed that such proceedings will be initiated against your child? _____

I understand the information on this form may be shared with school personnel involved with my child. It is your responsibility as the parent to share any life threatening health conditions with your child's bus driver.

Health Issues: Does your child have any health problems that might interfere with normal school activities, including participation in regular physical education activities?

Yes _____ No _____

Explain _____

Please list any health problems your child has that the teacher or school nurse needs to be aware of:

Does your child take daily medication at home? Yes No
At school? Yes No **May your child be given an age appropriate dose of generic Tylenol?** Yes No **We will try to contact you each time we feel your child needs Tylenol. A student with a fever or in a moderate amount of pain should not come to school.**

Family Dr. _____

Phone # _____ ArKids1st Yes No

Does your child have a Medicaid Card? Yes No

Medicaid # _____

I, the undersigned, do hereby give school health personnel permission to contact my child's health care provider to obtain immunization information and other health information that would benefit my child during school hours. I, the undersigned, do hereby authorize officials of Mtn. Home School District to contact directly, the persons named on this form and do authorize the named physician(s) to render such medical treatment deemed necessary in an emergency for the said child. In the event that the parents or other persons named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and / or transportation for said child.

Parent /Guardian

Signature _____ Date _____