

# GREENE COUNTY TECH SCHOOL DISTRICT

Phone: (870)236-6439

GCT PRIMARY SCHOOL Enrollment Form

Fax: (870)239-0680

## GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:
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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

### Parent/Guardian 2

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

Relationship to Student: \_\_\_\_\_

Language of Correspondence: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ \*Alert Phone: \_\_\_\_\_  
\*Alert Phone is used by the district's automated phone message system.

Employer: \_\_\_\_\_

Student Primarily Resides with this Guardian.

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

Relationship to Student: \_\_\_\_\_

Language of Correspondence: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ \*Alert Phone: \_\_\_\_\_  
\*Alert Phone is used by the district's automated phone message system.

Employer: \_\_\_\_\_

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 %: \_\_\_\_\_

**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>
Distance From Home to School (Miles) One Way: _____	

**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.

**Emergency Information**

Contact Order	Name	Relationship to Child	Phone #	Phone Type (ex: Home, Cell, Work)
1				
2				
3				
4				
5				

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

Physician Phone: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Please list any medical concerns and/or medications for this child: \_\_\_\_\_

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 ALLOWED to check out/pick up this child from school: \_\_\_\_\_

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

Date \_\_\_\_\_

**Greene County Tech Primary Student  
Parent/Guardian Information  
2020-2021**

**PM DISMISSAL OF STUDENTS**

For safety reasons, parents/guardians will not be allowed to come in to the building in the afternoons to check out their child. Students must either be placed in the car line or ride a bus (Exceptions to this rule will require a written note sent to the school ON the date the child must be checked out early. The note must state the reason for the early check-out (doctor, dentist, etc.) and must be approved by an administrator.) **REQUESTS FOR EARLY CHECK OUT ON A REGULAR BASIS WILL BE DENIED. ALL STUDENTS WHO ARE APPROVED FOR EARLY CHECKOUT MUST BE CHECKED OUT BEFORE 2:30 PM. PARENTS/GUARDIANS WILL NOT BE ALLOWED TO PICK UP STUDENTS FROM THE OFFICE BETWEEN THE HOURS OF 2:30 – 3:30 PM.**

GCT Primary School will require **photo identification** of all persons checking out a student or having physical contact with a student. If this form is not completed and on file in the Principal's Office, **children will be checked out only to the biological parent as listed on the student's birth certificate** or to the child's legal guardian. In case of a separation or divorce, we will allow a child to be checked out by either biological parent unless there is a copy of a legal document on file at school prohibiting that person from checking out the student. If changes occur, parents/guardians are responsible for filling out a NEW form in the school's office. Phone calls for this purpose WILL NOT be accepted. Please **print** all information.

Student's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Please allow the persons listed below to check out or have contact with my child:  
(PLEASE LIST BIOLOGICAL PARENTS ON LINES 1 AND 2)**

Name	<u>Relation to Student</u>	Cell Phone#	Home Phone#	Work Phone#
1. _____	<b>Mother</b>	_____	_____	_____
2. _____	<b>Father</b>	_____	_____	_____
3. _____	<b>EMERGENCY CONTACT</b>	_____	_____	_____
4. _____	<b>EMERGENCY CONTACT</b>	_____	_____	_____
5. _____	<b>EMERGENCY CONTACT</b>	_____	_____	_____

***The person(s) listed below are not allowed to check out or have contact with my child while he/she is attending school: Custody papers on file with school? \_\_\_ Yes \_\_\_ No***

1.	Name	Relation to Student
_____	_____	_____
2.	_____	_____
3.	_____	_____

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Relationship to Child/Date Signed

**Do we have:**

- **Copy of Birth Certificate?**
- **Copy of Social Security Card?**
- **Copy of Shot Record?**
- **Copy of EPSDT (Physical)?**
- **Proof of Residence?**
  - **Official mail with current address on it (i.e. light bill, water bill)**
  - **A driver's license will not be accepted**

**GCT will need these items when enrolling your child.**

**You may fax copies to (870) 239-0680.**

# **PROOF OF RESIDENCY**

**ACT 663 OF 1999 states, “An ACT for education which creates parental responsibility for providing a false address for purposes of public school enrollment in an authorized school district.” A child will be enrolled in the district of legal residency.**

**Subsection (h) states, “Any person who knowingly gives a false residential address for purposes of public school enrollment is guilty of a misdemeanor and subject to a fine not to exceed five hundred dollars (\$500.00).”**

# **PROOF OF RESIDENCY**

**ATTACHED:**

**Greene County Tech Primary School  
1300 Rockingchair Road  
Paragould, AR 72450  
Phone: (870) 236-6439  
Fax: (870) 239-0680**

**REQUEST FOR TRANSCRIPT AND IMMUNIZATION RECORDS**

Please forward a transcript for \_\_\_\_\_ who has enrolled in this school in grade \_\_\_\_\_. We would appreciate receiving any records from you that would assist us in the proper placement of this student.

**PLEASE FORWARD:**

- Health Records (Immunization, etc.)
- Copy of Birth Certificate
- Standardized Test Scores
- Psychological and/or Educational Examinations Reports
- Due Process forms and/or I.E.P. (if applicable)
- 504 Plan (if applicable)
- LPAC Plan (if applicable)
- Discipline Record

\_\_\_\_\_ \_ / \_ / \_  
**Authorized Representative** **Date**

**Authorization to Release Student Records**

*"I hereby authorize you to forward any information from your official records to Greene County Tech Primary School."*

Parent /Guardian Signature: \_\_\_\_\_ Date: \_ / \_ / \_

School Previously Attended \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_