

Required Documents for Registration:

1. Social Security number or an alternate number will be assigned upon parental request
2. One of the following:
 - a. birth certificate
 - b. statement by the local registrar or a county recorder certifying the child's date of birth
 - c. an attested baptismal certificate
 - d. a passport
 - e. an affidavit of the date and place of birth by the child's parent or guardian
 - f. U.S. Military identification
 - g. previous school records
3. Documentation/information if the child has been expelled in any other school district or is a party to an expulsion proceeding
4. Shot records/Health screening (if Kindergarten)
5. To verify school zone of residence, parents or legal guardians must provide two or more documents from the following list:
 - a. Gas or electric bill showing address within zone in parent's name. If this document is provided, no other document is necessary.
 - b. Deed to home
 - c. Rent receipt for latest month
 - d. Property tax bill
 - e. Escrow papers
 - f. Lease agreement
 - g. Deposit receipt for gas, electric, cable or AFDC correspondence (i.e. welfare check, food stamps, etc.)
 - h. Copy of driver's license showing current address in zone
 - i. Current active bank account checkbook with name and address imprinted (Bank may be contacted to verify existence of account.)

CONWAY PUBLIC SCHOOLS REGISTRATION FORM 2020-2021

Student Demographic Information

First Name: _____ **Gender (please circle):** Female or Male
Middle Name: _____ **Social security number:** _____
Last Name: _____ **Primary Phone Number:** _____
Grade Entering: _____ **Physical Address:** _____
Date of Birth: _____ **City, State, Zip Code:** _____
City/State/Country of Birth: _____ **Mailing Address (if different):** _____
City/State/Country of Birth: _____ **Mailing City, State, Zip Code:** _____

Misc Student Information

Name of School Last Attended, District, City, State:

Has the student ever attended school in this district? **YES or NO**

Has this student been expelled from school in any other school district or is the student a party to an expulsion proceeding? **YES or NO**

Does the student have an IEP? **YES or NO**

English as a second language: **YES or NO**

Does the student have a 504 Education Plan? **YES or NO**

Is this student a twin (or a triplet, quadruplet, etc.)? **YES or NO**

Transportation Form

How will the student travel to school? (Check one)

Bus Drives Self Parent/Guardian

Distance from Home to School in Miles:

Medical Information

Does the student take any medicine at home and/or school regularly? YES or No

Please list name of medicine, time given and reason for medication:

Is the student allergic to anything? YES or NO

Please state name and reaction symptoms:

Does the student have health concerns that require special attention at school? Please Explain:

Ethnicity and Race Information

Hispanic/Latino Ethnicity YES or NO

Please answer the following in accordance with standards issued by the US Dept of Education:

Primary Race (Please circle only ONE)

American Indian or Alaskan Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

Secondary Race (circle all that apply)

American Indian or Alaskan Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

Guardian Information

Household 1

Full Name:

Relationship to Student:

Language of Correspondence:

Student Primarily Resides With? **YES or NO**

Legal Guardian? **YES or NO**

Primary/Alert Phone Number:

Work Phone:

Mom Phone:

Dad Phone:

***Email:**

Employer:

Is this student a dependent of an active or reserve member of a branch of the United States Armed Services? YES or NO Branch:

Household 2

Full Name:

Relationship to Student:

Language of Correspondence:

Student Primarily Resides With? **YES or NO**

Legal Guardian? **YES or NO**

Primary/Alert Phone Number:

Work Phone:

Mom Phone:

Dad Phone:

***Email:**

Employer:

Misc Contacts

Emergency Contact 1

Full Name:

Relationship to Student:

Primary Phone:

Secondary Phone:

Please list the names of anyone who is not allowed to pick up/check out (Court Documents Required):

Emergency Contact 2

Full Name:

Relationship to Student:

Primary Phone:

Secondary Phone:

McKinney Vento Information

Is your current address a temporary living arrangement? YES or NO

Is this temporary living arrangement due to loss of housing or economic hardship? YES or NO

Where is the student presently living? (please check if any of the above was answered YES)

Doubled up/With Another Family _____ Hotel/Motel _____

Shelter/Transitional Home _____ Unsheltered _____

Migrant Information

Has your family moved in the last 36 months to seek or obtain agriculture or fishing-related work?
YES Or NO Industry:

Please list any siblings this student should be linked with in our system:

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Office Use Only

Enrollment status:

Entry code:

Entry date:

CPSD Agreements 2020-2021



STUDENT NAME (please print):

1. Directory Information- According to the Federal Education Rights and Privacy Act and Conway School Board Policy 4.13, "Unless the parent or guardian of a student (or student, if above the age of eighteen [18]) objects, "directory information" about a student may be made available to the public, military recruiters, post-secondary educational institutions, prospective employers of those students, as well as school publications such as annual yearbooks and graduation announcements.
"Directory information" means information contained in an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed. "Directory information" includes, but is not limited to, the student's name, address, telephone listing, student's photograph which may be electronic, date and place of birth, video/audio recordings, grade classification, dates of attendance, height/weight, his/her placement on the honor roll (or the receipt of other types of honors), as well as his/her participation in school clubs and extracurricular activities. If the student participates in inherently public activities (for example, basketball, football, or other interscholastic activities), the publication of such information will be beyond the control of the District. The most common release of Directory information is the school yearbook.

To opt out of Directory Information here means your child's name/picture will NOT be in the yearbook. Please have a conversation with your child to avoid misunderstanding during the school year when the yearbook is printed and released.

I agree to the release of Directory Information.

_____ YES _____ NO

2. Media/Web pages - I permit the school district to print photographs, student work, and identification of the above named student on the school district's web sites. I also permit photographs of the above named student to appear on social media web sites authorized and monitored by the Conway Public School District. Identification of students on web pages will be limited to first name only at elementary, first name and last initial at middle school, or full name at the junior high and high school level. I give my permission for my child to be filmed/photographed/interviewed by the media during school events and for the district to use my child's photograph/work/voice for promotional and educational purposes.

Please understand that if your child cannot be photographed for publication on our websites and other media, he/she may be asked to step-out of some class photos and be unable to participate in other publicity opportunities. Please talk with your child about this to help eliminate sadness or misunderstanding.

I permit my child to be photographed and published.

_____ YES _____ NO

3. Conway Public Schools is committed to providing our students with the most effective web-based tools and applications for learning. We use G Suite for Education and manage an education account for your child. G Suite for Education tools from Google include Gmail, (This is your child's "conwayschools.info" account) Calendar, Docs, Slides, Sheets, Drive, and Classroom. Students use their G Suite accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21st century digital citizenship skills.

In order for our students to use online programs and services, certain information-- generally the student's name and school email address--may be provided to the web based application. This information will be used solely for the benefit of students and the school system, not for commercial purposes. It is important to note that students cannot receive email from unapproved outside sources. Federal law protects children's information and activity while online. This federal law is known as the **Children's Online Privacy Protection Act** (COPPA) and restricts how web based applications collect and use data for children under the age of 13.

The district screens web based applications for COPPA compliance. For a complete list of educational tools used by each school, please go to our website. As with any educational undertaking, a strong partnership with families is essential for our success.

By Selecting "No," please understand that your student will not be able to access web based tools and applications. This includes Google Apps for Education such as Google Classroom. Your child will be provided alternate assignments.

I agree to allow my child to use web-based educational applications and tools for learning in the Conway Public Schools, and I give permission for Conway Public Schools to create/maintain a G Suite for Education account for my child.

_____ YES _____ NO

I am aware that the Conway Public School District handbook is available online. I can also request a paper copy from my child's school. I understand it is my responsibility to read and follow these rules.

_____ Parent Guardian Initials

I certify that I have read and understand the policies of the district and will adhere to them.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Today's Date _____



Arkansas Department of Education (ADE) Home Language Usage Survey

The Home Language Usage Survey is completed by *all* students initially enrolling in Arkansas schools.

Student Name:		Grade:	Date:
School:	Student State ID #:	Gender:	Date of Birth:
Parent/Guardian Name:		Parent/Guardian Signature:	
<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. a) In what language do you prefer to receive written communication from the school? _____</p> <p>b) In what language would you prefer to communicate with school staff when speaking? _____</p>		
<p>Eligibility for Language Development Support Information about the student's language usage helps us identify students who may qualify for extended support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) is (are) spoken in your home? _____</p> <p>3. What language did your child learn first? _____</p> <p>4. What language does your child use most often at home? _____</p> <p>5. What language does your family speak most often at home? _____</p> <p>6. What language do adults speak most often with each other at home? _____</p>		
<p>Prior Education Your responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school. <i>This form is not used to identify students' immigration status.</i></p>	<p>7. Where was your child born? _____</p> <p>8. When did your child first attend a school in the United States (this includes all US territories)? (Kindergarten – 12th grade) _____ Month Day Year</p>		

Thank you for providing the information needed on the Home Language Survey. Contact your child's school if you have further questions about this form or about services available at your child's school.

Note to district: This form is available in multiple languages on <http://www.arkansased.gov/divisions/learning-services/english-learners>. A response that includes a language other than English to questions #1-6 indicates English language proficiency screening is needed.