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# SECONDARY REGISTRATION

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2018-2019



## **Bryant School District Registration Records**

To register, students must provide:

- Documentation of student's date of birth including one of the following
  - Copy of birth certificate
  - Passport showing student's date of birth
  - United States military identification showing student's date of birth
  - Previous school records showing student's date of birth
  
- Copy of social security card
- Official up-to-date shot records
- Proof of enrollment at previous school
  - school records
  - withdrawal documents
  - final report card
  
- Proof of residency which must include personal property assessment and one of the following
  - utility bill
  - rent receipt with current date
  - lease agreement with current date
  - dated contract for the purchase of home
  - dated contract for closing on construction of a new home

**Registration is not complete and student is not enrolled until all information is provided.**



**BRYANT SCHOOL DISTRICT  
Enrollment Form**

**Office Use Only**		
Student ID #	_____	
Grade	School	_____
Bus#	Homeroom	_____

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Last First Middle Month/Day/Year

Sex  M  F Social Security Number \_\_\_\_\_ Is student a twin?  Yes  No

Address \_\_\_\_\_  
 Street City Zip Primary Phone Number

Previous School \_\_\_\_\_  
 Name of Previous School City State

Race  Asian/PI  Black  Hawaiian/Pacific  Native American/Alaskan Native  White

Ethnicity Hispanic/Latino  Yes  No Travel Code  Bus  Drives Self  Parent/Guardian

Is this student currently under suspension or expulsion from any school or are there procedures in progress pertaining to suspension or expulsion of your child?  Yes  No

Does the student take medication at school?  Yes  No

Was the previous school providing special services? (mark all that apply)  ESL  G/T  
 Speech  504  Special Education  Other \_\_\_\_\_

Student resides with  Both Parents  Mother Only  Father Only  Grandparent(s)  
 Joint Custody  Foster Parents  Mother & Stepfather  Father & Stepmother  
 Other If other, please explain: \_\_\_\_\_

Primary Parent/Guardian Name Home/Cell Number Work Phone  
 \_\_\_\_\_ Do you need an interpreter?  Yes  No  
 Email Address

Secondary Parent/Guardian Name Home/Cell Number Work Phone  
 \_\_\_\_\_ Do you need an interpreter?  Yes  No  
 Email Address

The person(s) listed below has permission to check my child out of school (list name and number)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

Is this student a military dependent?  Yes  No **If yes, please indicate status below:**  
 Army  Active Duty  Reserves Coast Guard  Active Duty  Reserves  
 Navy  Active Duty  Reserves  Army National Guard  
 Air Force  Active Duty  Reserves  Air Force National Guard  
 Marines  Active Duty  Reserves  Parents Multiple Branch

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

**Dr. Karen C. Walters, Superintendent**



**Arkansas Department of Education (ADE)  
Home Language Usage Survey**



**BRYANT**  
PUBLIC SCHOOLS

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

<b>Student Name:</b>		<b>Grade:</b>	<b>Date:</b>
<b>School:</b>	<b>Student State ID #:</b>	<b>Gender:</b>	<b>Date of Birth:</b>
Parent/Guardian Name:		Parent/Guardian Signature:	
<p><b>Right to Translation and Interpretation Services</b> 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><b>Eligibility for Language Development Support</b> 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><b>Prior Education</b> 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. <b><i>This form is not used to identify students' immigration status.</i></b></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 – 12<sup>th</sup> 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.

This work, "Arkansas Department of Education (ADE), Home Language Survey", is a derivative of "OSPI Home Language Survey" by OSPI, used under [CC BY](https://creativecommons.org/licenses/by/4.0/). "Arkansas Department of Education (ADE), Home Language Survey" is licensed under [CC BY](https://creativecommons.org/licenses/by/4.0/) by the English Learners Unit of the Arkansas Department of Education.



**BRYANT SCHOOL DISTRICT  
Student Residency Questionnaire**

Your child may be eligible for additional services through Title I, Part A of the No Child Left Behind Act and the Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Presently, are you and/or your family living in any of the following situations? Check all that apply.

- Sharing the housing of others due to loss of housing, economic hardship or similar reason
- Staying in a shelter (family shelter, domestic violence shelter, youth shelter)
- Temporarily living in a motel or hotel due to loss of housing, economic hardship, or similar reason
- Living in a car, park campground, abandoned building, or other inadequate accommodations
- Living alone as a minor student(s) without an adult (unaccompanied youth)

If you checked any of the above please complete the remainder of this form. If you did not check any of the above, you do not need to complete this form.

First, Middle, Last Name	M/F	Date of Birth Month/Day/Year	Grade	School Name

The undersigned parent/guardian certifies that the information provided is accurate

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Print Parent/Guardian Name	Signature	Date
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(Area Code) Phone	Street Address	City	State	Zip
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**Dr. Karen C. Walters, Superintendent**



**BRYANT SCHOOL DISTRICT**  
**Request for Student Records from Previous School**

Dear Registrar/*Estimado Registrador*:

My signature below grants permission for you to send all student records including but not limited to a transcript of all grades, achievement & psychological testing, immunization & health records, birth certificate, Social Security number, Title I, ESL, Gifted & Talented, Speech, Special Education, Due Process, and 504 records.

*Mi firma abajo concede permiso para que usted envíe todos los expedientes del estudiante, e incluir pero no limitarse a una transcripción de todos los grados, los logros y las pruebas psicológicas, inmunizaciones y expedientes de salud, certificado de nacimiento, número de seguro social, Título I, Inglés segundo idioma (ESL), dotado/talento (GT), educación especial y 504.*

Student Name <i>Nombre</i> _____	Birth Date (M/D/Y) <i>Fecha de nacimiento</i> _____	Grade <i>Grado</i> _____
Name of School <i>Nombre de la escuela</i> _____	Last Date Attended <i>Ultimo día asistió</i> _____	
School Address <i>Dirección de la escuela</i> _____		
Street/Calle	City/Ciudad	State/Estado Zip/Codigo Postal
Phone Number/ <i>Teléfono</i> _____	Fax Number/ <i>Número de Fax</i> _____	

The previous school will have the following records on file/ *La escuela anterior tendrá los siguientes expedientes*:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> IEP                  | <input type="checkbox"/> G/T <i>Dotado/talento</i>         | <input type="checkbox"/> Due Process Records/ <i>Expedientes procesados vencidos</i> |
| <input type="checkbox"/> 504                  | <input type="checkbox"/> ESL/ <i>Inglés segundo idioma</i> | <input type="checkbox"/> Special Education / <i>Educación especial</i>               |
| <input type="checkbox"/> Speech/ <i>Habla</i> | <input type="checkbox"/> Title I/ <i>Título I</i>          | <input type="checkbox"/> Other/ <i>Otro</i> _____                                    |

**Parent Signature/*Firma*** \_\_\_\_\_ **Date/*Fecha*** \_\_\_\_\_

Send All Records To:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Bryant Elementary</b><br>200 NW 4 <sup>th</sup> Street<br>Bryant, AR 72022<br>Office 501-847-5642<br>Fax 501-847-0674 | <input type="checkbox"/> <b>Collegeville Elementary</b><br>4818 Highway 5 North<br>Bryant, AR 72022<br>Office 501-847-5670<br>Fax 501-847-0732 | <input type="checkbox"/> <b>Davis Elementary</b><br>12001 County Line Road<br>Alexander, AR 72002<br>Office 501-455-5672<br>Fax 501-455-2751 |
| <input type="checkbox"/> <b>Hill Farm Elementary</b><br>500 Hill Farm Road<br>Bryant, AR 72022<br>Office 501-653-5950<br>Fax 501-653-5951         | <input type="checkbox"/> <b>Hurricane Creek Elementary</b><br>6091 Alcoa Road<br>Benton, AR 72015<br>Office 501-653-1012<br>Fax 501-778-5456   | <input type="checkbox"/> <b>Salem Elementary</b><br>2701 Salem Road<br>Benton, AR 72019<br>Office 501-316-0263<br>Fax 501-794-9043           |
| <input type="checkbox"/> <b>Springhill Elementary</b><br>2716 Northlake Road<br>Alexander, AR 72002<br>Office 501-847-5675<br>Fax 501-847-5677    | <input type="checkbox"/> <b>Bethel Middle School</b><br>5415 Northlake Road<br>Alexander, AR 72002<br>Office 501-316-0937<br>Fax 501-653-5830  | <input type="checkbox"/> <b>Bryant Middle School</b><br>1105 Woodland Drive<br>Bryant, AR 72022<br>Office 501-847-5651<br>Fax 501-847-5654   |
| <input type="checkbox"/> <b>Bryant High School</b><br>801 North Reynolds Road<br>Bryant, AR 72022<br>Office 501-847-5605<br>Fax 501-653-5440      | <input type="checkbox"/> <b>Parkway Elementary</b><br>5200 Bryant Parkway<br>Alexander, AR 72002<br>Office 501-653-5128<br>Fax 501-653-5928    |  |

**Dr. Karen C. Walters, Superintendent**



**\*\*Office Use Only\*\***

Student ID # \_\_\_\_\_ Grade \_\_\_\_\_  
 School \_\_\_\_\_ Age \_\_\_\_\_ Homeroom \_\_\_\_\_

**BRYANT SCHOOL DISTRICT  
 Medical History**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Last First Middle Month/Day/Year

\*Life Threatening implies respiratory distress or need of emergency care

**Allergies**

- |   |  |                                 |                               |   |
|---|--|---------------------------------|-------------------------------|---|
| <input type="checkbox"/> <b>Foods/Nuts</b> _____  | <input type="checkbox"/> Life Threatening* | <input type="checkbox"/> Severe | <input type="checkbox"/> Mild | <input type="checkbox"/> Age of last reaction _____ |
| <input type="checkbox"/> <b>Insects</b> _____     | <input type="checkbox"/> Life Threatening* | <input type="checkbox"/> Severe | <input type="checkbox"/> Mild | <input type="checkbox"/> Age of last reaction _____ |
| <input type="checkbox"/> <b>Medications</b> _____ | <input type="checkbox"/> Life Threatening* | <input type="checkbox"/> Severe | <input type="checkbox"/> Mild | <input type="checkbox"/> Age of last reaction _____ |
| <input type="checkbox"/> <b>Other</b> _____       | <input type="checkbox"/> Life Threatening* | <input type="checkbox"/> Severe | <input type="checkbox"/> Mild | <input type="checkbox"/> Age of last reaction _____ |

**Seasonal Hay Fever**  Has Medication at School  Medication may cause drowsiness  
 Describe reaction \_\_\_\_\_

**Asthma**

- Life Threatening\*  Severe  Mild  Manages Own Care
- Induced by:**  Cold Weather  Exercise  Stress  Respiratory Infection Brings on Asthma Attack
- Takes Medication - Name of Medication \_\_\_\_\_  Medication may cause drowsiness

**Heart Condition**

- Murmur  Has Pacemaker  Activities Restricted  Activities **NOT** Restricted  Under Medical Care
- Other Conditions \_\_\_\_\_

**Eyes**

- Problem With:**  Right Eye  Left Eye  Both Eyes  Color Blind
- Wears Glasses  Wears Contacts  Last Prescription Change at Age \_\_\_\_\_  Surgery at Age \_\_\_\_\_  
 For \_\_\_\_\_
- Other Eye Problems \_\_\_\_\_

**Ears**

- History of ear infections, age \_\_\_\_\_  Had Tubes **Has Tubes In:**  Right Ear  Left Ear  Both Ears
- Other Ear Problems **Wears Hearing Aid:**  Right Ear  Left Ear  Both Ears

**Headaches**

- Migraines **Caused by:** \_\_\_\_\_ **Has Medication at:**  Home  School

**Bone Problems**

- Scoliosis % of Curve \_\_\_\_\_  Knees  Bone Spurs  Other \_\_\_\_\_
- Under Doctor's Care  **NO** Restrictions  Restrictions \_\_\_\_\_

**Other Conditions**

- |   |  |   |  |                                      |
|---|--|---|--|--------------------------------------|
| <input type="checkbox"/> Birth Defects  | <input type="checkbox"/> Cerebral Palsy  | <input type="checkbox"/> Digestion/Intestinal | <input type="checkbox"/> Frequent & Severe Nose Bleeds | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Eating Problems      | <input type="checkbox"/> Hyperactivity                 | <input type="checkbox"/> Seizures    |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Emotional            | <input type="checkbox"/> Neurological                  | <input type="checkbox"/> Thyroid     |
- Other Conditions \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_



# BRYANT

PUBLIC SCHOOLS

## Media, Publications, Video, Internet Consent and Release Agreement for Parents/Guardians and Students

Parents, guardians and students who attend or participate in Bryant School District programs or events are occasionally asked to be part of county, statewide and/or national publicity, promotion, marketing and /or public relations activities or projects, and/or appear in educational and curriculum material developed by the District. In order to guarantee you and your child's privacy and ensure your agreement to participate, the Bryant School District asks that you sign and return this form.

By your signature on this form, you approve the Bryant School District, should it choose, to use you and/or your child's name, picture (still or video), art, written work, voice, or verbal statements in any educational and/or promotional printed or electronic piece that furthers the District's educational and/or public relations efforts during this and subsequent years. This includes but is not limited to external news media outlets (printed and/or broadcast), District website, online social media accounts, brochures, displays, newsletters, curriculum guides, purchased advertisements or other means of communicating with the public about District programs and services. The pictures, recordings, articles, copy or other means of communications may or may not personally identify you or your child.

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### AGREEMENT

The Bryant School District agrees that your or your child's name, picture, art, written work, voice, verbal statements, or portraits (video or still) will only be used for the District's public relations, public information, promotion, publicity and marketing efforts and/or to support its educational programs.

By signing below, the Parent/Guardian and Youth understand and agree that

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives.

If the Parent/Guardian and/or Youth wish to rescind this agreement, they may do so at any time with written notice.

\_\_\_\_\_  
Youth's Name (print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Youth's Signature (if at least 18 years old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (print)

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

*Each student should have a copy of this form at the school the child will be attending.*





# BRYANT

PUBLIC SCHOOLS

## OBJECTION TO PUBLICATION OF DIRECTORY INFORMATION Family Educational Rights and Privacy Act (FERPA)

I, the undersigned, being a parent of a student, or a student eighteen (18) years of age or older, hereby note my objection to the disclosure of publication by the Bryant Public Schools of directory information, as defined in district policy, concerning the student named below.

I understand that the participation by the below-named student in any interscholastic activity, including athletics and school clubs, may make the publication of some directory information unavoidable, and the publication of such information in other forms, such as telephone directories, church directories, etc., is not within the control of the District.

I understand that this form must be filed with the office of the appropriate building principal within ten (10) school days from the beginning of the school year or the date the student is enrolled in school in order for the District to be bound by this objection. Failure to file this form within that time is a specific grant of permission to publish such information.

I object and wish to deny the disclosure or publication of directory information as follows:

PLEASE SELECT ONE OPTION BY INITIALING

**All public and school sources**

Selecting this option will prohibit the release of directory information to the categories listed above along with all other public sources (such as newspapers), AND result in the student's directory information NOT being included in the school's yearbook and other school publications.

**All public sources**

Selecting this option will prohibit the release of directory information to the categories listed above along with all other public sources (such as newspapers), but permit the student's directory information to be included in the school's yearbook and other school publications.

\_\_\_\_\_  
Name of Student (print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature of parent (or student, if 18 or older)

\_\_\_\_\_  
Date of Form Submission

***Sign and return ONLY if objecting to the disclosure of student directory information.***

The Family Educational Rights and Privacy Act (FERPA) generally requires the Bryant School District to obtain a parent or guardian's written consent prior to disclosing personally identifiable information (PII) from a student's education records. One of the exceptions to this general rule applies to "directory information." Unless the parent or guardian of a student (or student, if above the age of 18) objects, directory information may be made available to the public, military recruiters, post-secondary educational institutions, prospective employers of those students, as well as annual yearbooks and graduation announcements. Directory information includes, but is not limited to, a student's name, address, telephone number, electronic mail address, photograph, date and place of birth, dates of attendance, his/her placement on the honor role (or the receipt of other types of honors), as well as his/her participation in school clubs and extracurricular activities, among others. 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. Directory information also includes a student identification (ID) number, user ID, or other unique personal identifier used by a student for purposes of accessing or communicating in electronic systems and a student ID number or other unique personal identifier that is displayed on a student's ID badge, provided the ID cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a personal identification number (PIN), password or other factor known or possessed only by the authorized user. A parent or guardian may opt out of the District's disclosure of directory information by signing the form below. For additional information about FERPA, please review Bryant School District Board Policy #4.13.