



OZARK SCHOOL DISTRICT
OZARK KINDERGARTEN CENTER
ENROLLMENT FORM

FIRST YEAR OF YOUR
THIRTEEN YEAR JOURNEY

GENERAL STUDENT INFORMATION

Student Name: _____ SSN: _____
(optional or will be assigned)

Birthdate: _____ Age: _____ Gender: _____

Ethnicity (check one):

() Hispanic () Non-Hispanic

Primary Race (check only one):

() American Indian/Alaska Native
() Native Hawaiian/Other Pacific Islander
() Black () Hispanic
() White

Additional Races (check all that apply):

() American Indian/Alaska Native
() Native Hawaiian/Other Pacific Islander
() Black () Hispanic
() White

Pre-School Participation:

() Headstart () Arkansas Better Chance (ABC)
() Early Childhood Special Education
() Private Preschool () Hippy Program

Method of Transportation: () Parent/Guardian () Bus _____ Letter to School _____ Letter From School _____ Distance/Miles One Way

GUARDIAN INFORMATION

Living With:

A - ALONE F - FATHER ONLY I - INSTITUTION P - BOTH PARENTS
D - FATHER & STEPMOTHER G - GRANDPARENTS L - LEGAL GUARDIAN T - FOSTER PARENT
E - MOTHER & STEPFATHER H - HOMELESS M - MOTHER ONLY

Parent/Guardian Name 1: _____ Language Spoken At Home: _____

Parent/Guardian Name 2: _____ Language Spoken At Home: _____

Parent/Guardian Address Information: 911 ADDRESS

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

MAILING ADDRESS

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

Home Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____

Parent/Guardian Workplace 1:

Employer: _____
Work Phone: _____

Parent/Guardian Workplace 2:

Employer: _____
Work Phone: _____

Parent/Guardian E-mail Address 1: _____

Parent/Guardian E-mail Address 2: _____

Siblings: Name, Age and Grade (if school age)

EMERGENCY CONTACT INFORMATION

Emergency Contact Information:

Contact 1 Name: _____
Contact 1 Phone: _____
Physician: _____
Physician Phone: _____

Contact 2 Name: _____
Contact 2 Phone: _____
2nd Physician: _____
2nd Physician Phone: _____

Was your child ever expelled in his/her previous school? () Yes () No

I hereby authorize the use of corporal punishment but will be notified prior to punishment being administered. () Yes () No

Parent/Guardian Signature _____

Date _____