

DATE: _____

NEMO VISTA SCHOOL DISTRICT
NEMO VISTA Online SCHOOL REGISTRATION

Phone: (501)893-2435

Fax: (501.)893-6477

| | | |
|--------------------|---------------------|-------------------|
| FIRST NAME: | MIDDLE NAME: | LAST NAME: |
| | | |

Birthdate: _____ Teacher: _____ Grade: _____ Gender: _____
 Hispanic/Latino Ethnicity: YES NO SSN (Optional): _____ Birth Certificate: _____
 Language Spoken At Home: _____ Resident County: _____
 City of Birth: _____ State of Birth: _____ Country of Birth: _____

PARENT/ LEGAL GUARDIAN 1

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: _____

PARENT/ LEGAL GUARDIAN 2

Name: _____
 Relationship to Student: _____
 Language of Correspondence: _____
 Mailing Address is the same as Guardian 1
 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: _____
 If student does **NOT** live with **A PARENT** or **BOTH PARENTS**, please list **LEGAL GUARDIAN** information above **AND you must provide the office with new or updated custody papers.**
 Is there any **legally restricted custody** decision of which the school should be aware? YES NO (YOU MUST PROVIDE COURT PAPERS TO THE OFFICE.)

CONTACT INFORMATION

Emergency Contact Information and persons allowed to pick up student (Contacts Other Than Guardians)

| Name | Relationship to Child | Phone # | Other Phone # |
|------|-----------------------|---------|---------------|
| | | | |
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| | | | |
| | | | |

CORPORAL PUNISHMENT:

It is not always possible to contact the parent or guardian when punishment is necessary. If corporal punishment may not be used, suspension from school will be the alternative punishment.

Check one of the statements below:

- CORPORAL PUNISHMENT **MAY** BE USED FOR MY CHILD.
- CORPORAL PUNISHMENT **MAY NOT** BE USED FOR MY CHILD.

Parent/Guardian Signature

Date

| | | |
|--------------------|---------------------|-------------------|
| FIRST NAME: | MIDDLE NAME: | LAST NAME: |
|--------------------|---------------------|-------------------|

Is this student a twin (or a triplet, quadruplet, etc.)? 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

STUDENT MAILING ADDRESS

STUDENT PHYSICAL/ 911 ADDRESS

| | |
|--|--|
| <input type="checkbox"/> SAME AS PARENT/GUARDIAN Address: _____ City: _____ State: _____ Zip Code: _____ | <input type="checkbox"/> SAME AS MAILING ADDRESS Address: _____ City: _____ State: _____ Zip Code: _____ |
|--|--|

PROOF OF RESIDENCY

Check one of the statements below

- We do live in the Nemo Vista School District.
- We have a Board to Board Transfer from the District we currently live in.
- We will apply for the Freedom of Choice Act before the July 1st deadline.
- The student has a parent/guardian that is employed by Nemo Vista Schools.

Check one of the statements below

- If you **DO NOT** have siblings enrolled you **MUST** provide a copy of a utility bill, tax receipt, etc... with a **PHYSICAL** address on it, no driver's license or P.O. Box #'s will be accepted.
- If the student has **SIBLINGS** already enrolled in the Nemo Vista School District, you will **NOT** have to provide proof of residency. Please list siblings below:

SIBLINGS enrolled at Nemo Vista Elementary, Middle School, High School or Lil' Hawks Preschool

| Names | Grade |
|-------|-------|
| | |
| | |
| | |
| | |

ARMED FORCES:

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.

| | | | |
|------------------------------|-------------------------------|--------------------------|------------------------------------|
| Active Duty – US Navy | Active Duty – US Air Force | Active Duty – US Army | Active Duty – US Marines |
| Active Duty – US Coast Guard | Reserves – US Air Force | Reserves – US Army | Reserves – US Navy |
| Reserves – US Marines | National Guard – US Air Force | National Guard – US Army | Parents serve in multiple branches |

PRE-SCHOOL PARTICIPATION: (CIRCLE)

| | | |
|----------------------------|--|-------------------------------|
| A – ARKANSAS BETTER CHANCE | H – HEADSTART | O – OTHER |
| E – EVEN START | NA – NOT APPLICABLE | P – PRIVATE PRE-SCHOOL |
| EC – EARLY CHILDHOOD | C – 21 st CENTURY COMMUNITY LEARNING CENTER | PS – PUBLIC SCHOOL PRE-SCHOOL |

Last School Attended: _____ Address / Phone #: _____

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 met the requirements of the Arkansas State Health laws necessary to enter school? YES NO