



Clarksville Primary School

"Helping Little People Do Big Things"

2023 Clark Road

Clarksville, Arkansas 72830

Phone: 479-979-6000

Fax: 479-979-6001

Steve Ziegler – Principal

Mark Mooney – Assistant Principal

Dear Parent,

We are excited to have your child join our Clarksville Primary School family as the class of 2031 begins their educational journey. Enclosed you will find a packet of information that we need to get your child enrolled in school. If any of this information changes between now and the start of school, please contact us with the correct information.

Pre-kindergarten registration will be held the week of April 16-20, 2018 at the Primary School. Parents may turn in their child's registration between 8:30 a.m. and 4:00 p.m. Parents will need to provide their child's immunization records, birth certificate and social security number at pre-registration. Students are also required to have a physical before the beginning of school.

We will conduct Pre-kindergarten screening on your child the week of April 23-27 2018. You will be assigned a day and time at registration. This screening will last about 15 minutes.

Class list will be posted on our front windows around August 1, 2018. Information will not be given over the telephone. Most kindergarten teachers like to mail letters to their students at the beginning of the year. That is why it is important that we have the correct information on file. This is an exciting moment for you and your child when they receive that letter.

Kindergarten open house will be on Thursday, August 9, 2018. Open house times will be at 8:00 am, 10:00 a.m., and 1:00 p.m. The time will depend on whose room your child is assigned to. Times will be posted with the class list. Parents will visit with Mr. Ziegler while students will spend time with their teacher. This will help make the first day of school a very smooth transition. Open house will last approximately one and a half hours.

The first day of school will be on August 15, 2018. Parents will be allowed to walk their child to the classroom the first two days of school.

If we can help you in any way, please feel free to call the school. "Together We can Make a Difference"!

Sincerely,
Steve Ziegler

Clarksville School District

Clarksville Primary School Enrollment Form

Phone: (479)979-6000

Fax: (479)979-6001

GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:
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Birthdate: _____ Gender: (Circle one) Female Male Grade: _____
 Nickname: _____ SSN (Optional): _____ Hispanic/Latino Ethnicity: (Circle one) 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: _____ City: _____ State: _____ Zip Code: _____	<input type="checkbox"/> Mailing Address is same as Physical/911 Address Address: _____ City: _____ State: _____ Zip Code: _____

Student Home Phone: _____ Student Cell Phone: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1	Parent/Guardian 2
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Language of Correspondence: _____	Language of Correspondence: _____
Mailing Address: _____	Mailing Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Email: _____	Email: _____
Home Phone: _____ Cell Phone: _____	Home Phone: _____ Cell Phone: _____
Work Phone: _____ *Alert Phone: _____ <small>*Alert Phone is used by the district's automated phone message system.</small>	Work Phone: _____ *Alert Phone: _____ <small>*Alert Phone is used by the district's automated phone message system.</small>
Employer: _____	Employer: _____
<input type="checkbox"/> Student Primarily Resides with this Guardian.	<input type="checkbox"/> 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 %: _____

Clarksville Primary School Enrollment Form

ADDITIONAL STUDENT INFORMATION

City of Birth: _____ State of Birth: _____ Birth Country: _____

TRAVEL INFORMATION

Travel To School (Please check one)	Travel From School (Please check one)
<input type="checkbox"/> Bus (Bus Number _____)	<input type="checkbox"/> Bus (Bus Number _____)
<input type="checkbox"/> Drives Self	<input type="checkbox"/> Drives Self
<input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)	<input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)
<input type="checkbox"/> District Paid Transportation	<input type="checkbox"/> District Paid Transportation
Distance From Home to School (Miles) One Way: _____	

Pre-School Participation: (Circle One)

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 – United States 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

Emergency Contact Information (Contacts Other Than Guardians to be Called in Case of an Emergency)

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 met the requirements of the Arkansas State Health laws necessary to enter school? Yes No

Please list the names of anyone who is NOT allowed to check out/pick up this child from school: _____

Parent/Guardian Signature _____ Date _____

CLARKSVILLE PRIMARY SCHOOL
STUDENT HEALTH FORM
2018-2019

Student _____ Date of Birth _____ Grade _____

Dear Parent:

Please take a few minutes to fill out the following information. This form will aid us in providing the fastest and best possible care for your child. Thank you for your help.

MEDICATIONS

Some of the main medications that are used as part of our first aid program are listed below.

Antibiotic Cream Cough Drops Tylenol
Anti-Itch Cream Tums

ALLERGIES

Please list any allergies and severity of allergy.

1. Medications _____
2. Insect stings _____
3. Food _____
4. Other _____

MEDICAL CONDITIONS

Please fill in any of the following that apply to your child. List any special treatments that your child requires. List dates of illnesses, injuries, and operations.

1. Epilepsy, Seizures, Fainting _____
2. Asthma/Lung/Heart Disease _____
3. Diabetes _____
4. Bladder/Bowel Problems _____
5. Skin diseases _____
6. Ulcers/Eating Disorders _____
7. Cancer/Leukemia _____
8. Hearing/Vision Problems _____
9. Speech Problems _____
10. Physical Handicap _____
11. Emotional Problems _____

12. Major Illness or Injuries _____

13. Surgery _____

14. Childhood Illness (PLEASE CHECK WHICH THEY HAVE HAD)

<input type="checkbox"/> measles	<input type="checkbox"/> mumps	<input type="checkbox"/> rubella
<input type="checkbox"/> chicken pox	<input type="checkbox"/> polio	<input type="checkbox"/> whooping cough
<input type="checkbox"/> rheumatic fever	<input type="checkbox"/> scarlet fever	

15. Does your child take daily medications?

Drug _____ Amount _____ Time _____

Drug _____ Amount _____ Time _____

16. May we share your child's medical information with staff if needed? Yes _____ No _____

Father's Name _____ Mother's Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Someone we can call to come get your child in the event we cannot contact you: _____

Name _____ Phone Number _____

Doctor _____ Dentist _____

May we take your child for emergency care in the event that we cannot reach you? Yes _____ No _____

Parent or Guardian Signature _____ Date _____

Please feel free to write any additional information on another sheet.

Louann Walker, LPN

Please fill out and return to school, even if you answer **NO**.



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Agricultural Benefits

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Clarksville, AR 72830
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Steve Ziegler – Principal

Your children may qualify for tutoring, books, school supplies, preschool information, credit recovery, scholarships, and limited health services.

STUDENT'S NAME: _____ GRADE: _____ DATE: _____

Have you or someone living in the home moved in the last 36 months? YES _____ NO _____
When? _____ From Where? _____
Was the move from one school district to another? YES _____ NO _____
Did you seek work, where? _____
Are you presently employed, where? _____

Please check the types of jobs you have worked at in the past or present?

- FOOD PROCESSING – (Chicken, turkey, beef, hog, vegetables, fruits)
- FARM WORK – (Cattle, dairy, chicken, hog, fruits, vegetables, sod, plant nursery, egg gathering, baling, fencing)
- CHICKEN CATCHING, CHICKEN VACCINATING
- HARVESTING TREES – (Planting, marking, girdling, cutting, skidding)
- SOD FARMING
- HARVESTING FRUITS OR VEGETABLES – (Pruning, grafting, picking, sorting, spraying)
- WORKING WITH BEES
- WORKING ON A FISH FARM, FISHING FOR AN INCOME
- WORKING AT A COTTON GIN OR GRANARY
- OTHER AGRICULTURAL WORK

Male Guardian's Name: _____
Female Guardian's Name: _____
Address: _____
City/State/Zip: _____
Home & Cell Number: _____ Work Phone Number: _____

All Children in the Home	Grade	Birthdate	Birthplace
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**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.

Clarksville School District
Home Status Survey

If the student is living with one or both parents in a one family dwelling, please disregard this form.

Complete this form ONLY if:

..... Student is living with either parent in a multi-family dwelling (more than one family in the home).

..... Student is living in a motel.

..... Student is living in a shelter.

..... Student is living in sub-standard environment.

..... Student is living with someone other than parent.

Student's Name: _____ Age: _____ Sex: _____ Grade _____

Homeroom Teacher: _____

Parent's Name: _____ Home Phone: _____

Address: _____

Does student live in: (check one)

_____ Apartment

_____ House

_____ Vehicle (car/camper/bus)

_____ Family Shelter

_____ Youth Shelter

_____ Park/Campsite

_____ Mobile Home

_____ Other

Does student live with:

_____ Parent

_____ Sister/Brother

_____ Grandparent

_____ Aunt/Uncle

_____ Foster Parent

_____ Friend

_____ Other

Is the person the student lives with their legal guardian? _____ Yes _____ No

Parent Signature: _____

McKinney-Vento Homeless Assistance Act – No Child Left Behind Act of 2001

For Office use only:

_____ File Copy _____ Nurse _____ Cafeteria _____ Migrant Clerk _____ Other



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Student Policy Handbook Sheet

2018/2019 School Year

Act 104 of 1983 requires that school districts adopt written discipline policies that follow Arkansas Department of Education guidelines. The Arkansas Standards for Accreditation also require that the school shall have on file statements signed by parents and students that they have received electronic and/or written copy of the school discipline policies.

Students and parents are informed the student handbook is online and that it contains the Clarksville Primary School Discipline Policies. The Primary Student Handbook may be viewed at <http://k1.csdar.org>. Look under the student tab then student handbook.

Parents who do not have access to a computer may utilize the Johnson County Public Library or contact the principal or assistant principal at Clarksville Primary School to make arrangements to use a computer during school hours. Parents may also request a printed copy of the discipline policies.

This statement is required to be signed by both the Student and Parent/Guardian and turned in immediately.

This is to confirm that I have received a student handbook. If a written copy of the school discipline policy is requested please check here: _____

Student Printed Name

Grade

Student Signature

Parent/Guardian Printed Name

Parent/Guardian Signature

Clarksville Primary School

Kindergarten Physical Form

To be completed by Physician or qualified Health Professional

Student's Name _____ Health Agency Name _____
 Address _____
 Phone Number _____

DOB _____

REQUIRED:				ALLERGIES:							
PHYSICAL EXAM / HISTORY	WNL	ABNL	Comments								
SKIN:				MEDICATIONS:							
EYES:											
EARS:											
NOSE:											
MOUTH:											
NECK:				DIET RESTRICTIONS:							
NODES:											
HEART:											
LUNGS:											
ABDOMEN:											
ENDOCRINE:				SPECIAL EQUIPMENT:							
GENITO-URINARY:											
MUSCULOSKELETAL:											
NEUROLOGICAL:											
DEVELOPMENTAL:											
Gross Motor											
Fine Motor											
Social											
Speech / Language											
BP: HR:								SUPPLEMENTAL (Optional)			
HT: WT:											
IMMUNIZATIONS UTO? (Circle) YES / NO			COMMENTS:	LAB	DATE	RESULTS	WNL (CHECK)				
HX of CHICKEN POX OZ (Circle) YES/ NO	DATE of OZ:	#Doses VARICELLA VACCINE:		HGB							
				HCT							
				OTHER:							

SIGNATURE/TITLE OF HEALTH PROFESSIONAL _____ DATE _____