BLEVINS SCHOOL DISTRICT

STRIVING FOR EXCELLENCE

P.O. Box 98
5954 Hwy 29 N
Blevins, AR 71825
Phone: 870-874-2801
Fax: 870-874-2889

Billy Lee, Superintendent
Jeffery Steed, High School Principal
Pat Loe, Elementary Principal

ITEMS NEEDED TO ENROLL YOUR CHILD IN SCHOOL:

CURRENT PHYSICAL (FOR PRE K AND KINDERGARTEN)
UP TO DATE SHOT RECORDS (STATE REQUIREMENT)
SOCIAL SECURITY CARD (Optional)
BIRTH CERTIFICATE
NAME AND ADDRESS OF FORMER SCHOOL IF ONE WAS ATTENDED

These items are needed at the time you register your child. We appreciate your cooperation in bringing these items with you so we can make copies.

Sincerely,
Pat Loe
Elementary Principal

Student Information Sheet

Blevins Elementary

Name: _____ Race: _____

Date of Birth:_____/_____/_____ Grade: _____

Physical Address: _____

Mailing Address: _____

_____

City State Zip Code

Home Phone: (____)_____-_____ Message #: (____)_____-_____

Cell Phone #: (____)_____-_____

Distance From School: _____

(check one) Bus Rider _____ Car Rider _____ Walker _____

	Contact Person	**Place of Employment**	**Phone**
Father	_____	_____	_____
Mother	_____	_____	_____
Relative	_____	_____	_____
Guardian	_____	_____	_____

Health Problems: _____

Officials of Blevins School are hereby granted authority in case of emergency to take _____

_____ (name of student) to Dr. _____(1st choice) or Dr.

_____(2nd choice), or to the Emergency Room of _____Hospital

for treatment. It is understood that every effort will be made by the school to contact a member of the family.

Signature of Parent/Guardian: **Date:**

ARKANSAS DEPARTMENT OF EDUCATION
HEALTH HISTORY
DEVELOPED BY A COMMITTEE OF THE ARKANSAS HEALTH CARE ACCESS COUNCIL

NOTE: To be completed by the parent/guardian of the Kindergarten student prior to the physical examination/nursing assessment (please print).

Student Name (Last, First, Middle)	Birth Date (MO./DAY/YR.) / /	School	Medicaid Number Medicaid Physician

Parent/Guardian Name (Male)	Phone	Parent/Guardian Name(Female)	Phone

Physician Name and Address (if no regular physician, write "None") Phone

Dentist Name and Address (if no regular dentist, write "None") Phone

Other source(s) from which the student receives health care (if none, write "None"). Phone

Name and address of private health insurance carrier

To be completed by parent/guardian (please circle one):

1. Does your child pay attention when being read to? Yes No
2. Can your child play quietly alone for over a 1/2 hour? Yes No
3. Does your child mind adults and follow instructions? Yes No
4. Does your child speak clearly enough for others to understand? Yes No
5. Does your child object to being left with a sitter? Yes No
6. Can your child dress without help? Yes No
7. Does your child have any speech problems (stammering, delayed speech development, etc.)? Yes No
8. Does your child ever wet or soil him/herself during the day? Yes No

Blevins Public Schools

Race / Ethnicity

1. Is this student (or is the respondent) Hispanic or Latino? (Choose only one)
    - No, not Hispanic or Latino
    - Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.
2. What is the student's (or respondent's) race? (Regardless of how respondent answered the first question, choose one or more)
    - 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 the 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, the Middle East, or North America.)