

Date _____ Grade _____ Date of Birth _____ Gender: M F
Mo Day Year (Optional)

Name of Child _____
Last Name First Name Middle Name

Home Phone _____ Student's Cell Phone _____

Street Address _____ Mailing Address _____
(Do not use PO Box) Street City Zip PO Box or Street City Zip

Student's E-mail Address _____

Give brief directions to your home _____

Ethnicity (check one):

- Hispanic
 Non-Hispanic

Racial Group(s) (check all that apply):

- Asian
 Black
 Hawaiian/Pacific Islander
 Native American/Alaskan Native
 White

Is this student a twin (or a triplet, quadruplet, etc)? Yes No

PARENT/GUARDIAN INFORMATION

Student is living with:

- Alone Both Parents Mother Only Father Only
 Mother & Stepfather Father & Stepmother Grandparents Legal Guardian
 Foster Parent Homeless Spouse Institution

ADULT(S) LIVING IN HOUSEHOLD RESPONSIBLE FOR CHILD

Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Cell Phone # _____	Cell Phone # _____
Employer _____	Employer _____
Working Hours _____	Working Hours _____
Work Phone _____	Work Phone _____
E-mail Address _____	E-mail Address _____

(If more than 2 adults live in home please list on back)

OTHER CHILDREN LIVING IN HOME

Name _____	Birthdate _____	Grade _____
Name _____	Birthdate _____	Grade _____
Name _____	Birthdate _____	Grade _____

(If additional children live in home please list on back)

PARENT NOT LIVING IN HOUSEHOLD

Name _____ Address _____ Phone # _____

METHOD OF TRANSPORTATION

Bus Bus # _____ Distance/Miles From School _____
 Parent/Guardian (includes walkers, child care vans, etc.)
 Drives Self Make and Model of Car Student Drives _____ License Plate # _____

MORE INFORMATION ON BACK

EMERGENCY CONTACT INFORMATION

(this should be someone that will be able to care for your child in case of illness or accident at school if we cannot contact you at the numbers listed above)

1st Contact Name _____ Phone # _____

2nd Contact Name _____ Phone # _____

STUDENT MEDICAL INFORMATION

Does your child have any allergies or medical condition of which we should be aware? _____

Does your child take any medications regularly? Yes No If yes, please list medications _____

Student's Doctor _____ Doctor's Phone # _____ Hospital Preference _____

Does your child have permission to receive routine first-aid treatment at school, such as Tylenol, antiseptic spray for cuts, or calamine lotion? Yes No

MILITARY DEPENDENTS

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 lives 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 Army Active Duty – US Air Force Active Duty – US Navy Active Duty – US Marines

Active Duty – US Coast Guard Reserves – US Army Reserves – US Air Force Reserves – US Navy

Reserves – US Marines National Guard – US Army National Guard – US Air Force Parents serve in multiple branches

STUDENT'S HOME LANGUAGE

Primary language of student at home: _____

If student's primary language is something other than English please fill out form the **YELLOW FORM** included in this packet.

MIGRANT INFORMATION

Have you moved from one school district to another within the last 3 years for the purpose of seeking or obtaining employment in one of the following areas.....*Farming, Fruit Harvesting, Food Processing, Picking Vegetables, Tree Cultivation, Mending Fences, Timber Work, Hay Harvesting, Hauling Produce*

Yes No

If you answered yes please fill out the **GREEN FORM** included in this packet.

STUDENT'S PREVIOUS SCHOOL INFORMATION

Name of school student last attended _____

How long did your child attend this school? _____ Grade enrolled in _____

Address of school _____

Has your child attended any other school in the last year? _____

Name and address of school _____

Did your child attend any special classes: GT Speech Chapter 1 Special Education

If Special Education, what subjects? _____ Other _____

Was your child expelled from the last school attended? _____

In order to enroll your child you must present his/her: Birth Certificate, Social Security Card & Shot Records (all shots must be current)

All of the above information given is true to the best of my knowledge.

Signature of Parent or Guardian

Date

Student Name _____

MANILA MIDDLE SCHOOL

2016-2017

Handbook Policy Acknowledgement

The Student Handbook is designed to acquaint students and their parents with the policies and regulations necessary to provide a safe, efficient and effective learning environment for all students.

This form verifies that the student has access to a copy of the Manila Middle School handbook online through the school website, and that he/she is aware of what is expected of him/her as a student. The student understands the discipline procedures he/she will be subject to should he/she not conform to the code of conduct for Manila Middle School students.

Arkansas law requires that the Policy Acknowledgement form be signed by the student and one guardian and be kept on file at the school. No grades will be issued until this form is signed and returned to Manila Middle School.

Students Signature _____

Parent's Signature _____

Date: August 15, 2016

_____ I do not have internet access and need a printed copy of the handbook sent.

Providing parents and students with information online is just one way that we can protect the environment as we get more involved in STEM at Manila Middle School.

The handbook is located at: mps.crsc.k12.ar.us

Consent to Drug Screen

7th and 8th Grade Only

I have read the extra-curricular chemical screening policy in the student handbook and I give my permission for

Student Name _____

To be included in the random testing pool

August 15, 2016

Parent Signature _____

Student Signature _____

INFORMATION ON BACK

Student Name _____

Publication Agreement

By signing below, the students and parent/ guardian grant permission for the student's picture and work to be posted on the school's electronic sites, local newspaper, and yearbook. I understand that Manila Middle School will only use my child's work or pictures for instructional and educational purposes. If at any time, I decide I do not want my child's picture or work to be published, I may provide a written statement informing the school of the change.

Students Signature _____

Parent's Signature _____

PARENT VOLUNTEER SIGN-UP FORM 2016-17

Please check the areas in which you are willing to volunteer:

____ Refreshments

____ Volunteer

MANILA MIDDLE SCHOOL - RESIDENCY QUESTIONNAIRE

Name of Student: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In permanent housing
- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

HOME LANGUAGE SURVEY
CUESTIONARIO SOBRE EL IDIOMA HABLADO EN EL HOGAR

Date: _____
Fecha

Student's Name: _____ Gender: M F Student's ID # _____
Nombre del Estudiante Género Número de Identificación del Estudiante

Date of Birth: _____ Place of Birth: _____
Fecha de Nacimiento Month Day Year Lugar de Nacimiento
Mes Día Año

School: _____ Grade: _____ Age: _____
Escuela Grado Edad

1. What was/were the first language(s) the student learned to speak?
¿Cuál fue(ron) el/los primer idioma(s) que aprendió a hablar su hijo?

2. What language(s) are spoken in the home?
¿Qué idioma(s) se hablan en el hogar?

3. What language(s) are spoken or understood by the child?
¿En qué idioma(s) habla o entiende el niño?

4. What language(s) are spoken or understood by adults in the home?
¿En qué idioma(s) se hablan o entienden los adultos en el hogar?

5. What written language would you prefer to receive school communications (such as attendance letters, permission forms, etc.)?
¿En qué idioma usted prefiere recibir la comunicación escrita por parte de la escuela (tal como cartas de asistencia, formularios de permiso, entre otros)?

English Spanish Other _____
Inglés Español Otro

Signature of Parent/Guardian: _____
Firma del Padre/Encargado

Medicaid – AR Kids Form

Child's Name _____ Grade _____

_____ My child **DOES NOT** receive Medicaid/AR Kids.

Stop here if your child **DOES NOT have these services.**

_____ My child **DOES HAVE** Medicaid or AR Kids.

Medicaid Number _____

AR Kids Number _____

In compliance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), I give my permission for my child's personally identifiable information/student records to be disclosed to Manila Public Schools for the purpose of billing applicable therapy, such as speech, OT, PT, and routine health screenings such as vision & hearing screenings.

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date Signed

EMERGENCY DISMISSAL OF SCHOOL

Dear Parent,

As you know the country has at times been placed on heightened alert status due to the worldwide threat of terrorism.

In the unlikely event of a national disaster affecting our geographic area announcements of school closing will be made by KAIT-TV Jonesboro, KLCN 91.0 AM radio station in Blytheville, and 96.3 FM station in Blytheville.

In case of such disaster, all students (grades 5-8) will report to the center of the 5/6 building. Buses will not run. Your child will be released to you or your current emergency contact only. If you wish your child to be released to an older brother or sister, a neighbor, relative, or family friend you must notify the school in writing.

Please be aware that in the event of a national crisis your child's safety and well-being will be our first concern.

Sincerely,

LeAnn Helms
Middle School Principal

This form must be signed and returned. If your emergency information changes in the course of the school year, PLEASE contact the office with the updates.

Child's Name _____ Grade _____

Please release my child to the names listed below in case of a national emergency.

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

Parent Signature _____

Student Name _____

**Manila Middle School
Parent/Student/Teacher/Principal
Title 1 School-wide Commitment Agreement**

Parent/Guardian Agreement:

I want my child to be successful. Therefore, I will encourage him/her by doing the following:

- I will encourage good attendance.
- I will support the school in its efforts to maintain proper discipline.
- I will provide a quiet area and appropriate time for study.
- I will provide a safe place to learn
- I will make it a point to let my child see me reading and writing.
- I will model respect for the school and personnel.
- I will speak positively about the school when in public and in front of children.
- I will first address all school concerns directly to the person with whom there is a concern and follow the proper chain-of-command.
- I will celebrate my child's efforts and achievements.

Signature of Parent/Guardian: _____

Student Agreement:

I understand that it is important that I perform to the best of my ability. Therefore, I shall strive to do the following:

- I will attend school regularly.
- I will respect my teachers and my peers.
- I will not interfere with the learning of others.
- I will be responsible for my school supplies and other necessary tools for learning.
- I will complete and return homework assignments.
- I will conform to the rules of student conduct.
- I will give my best effort.

Signature of Student: _____

2016-2017

**SMART CORE WAIVER FORM
(GRADUATING CLASS OF 2016 AND AFTER)**

Name of Student: _____
Name of Parent/Guardian: _____
Name of District: _____
Name of School: _____

Smart Core is Arkansas's college- and career-ready curriculum for high school students. College and career readiness in Arkansas means that students are prepared for success in entry-level, credit-bearing courses at two-year and four-year colleges and universities, in technical postsecondary training, and in well-paid jobs that support families and have pathways to advancement. To be college and career ready, students need to be adept problem solvers and critical thinkers who can contribute and apply their knowledge in novel contexts and a variety of situations. Smart Core is the foundation for college and career-readiness. All students should supplement additional rigorous coursework within their career focus.

Failure to complete the Smart Core Curriculum for graduation may result in negative consequences such as conditional admission to college and ineligibility for some scholarship programs.

Parents or guardians may waive the right for a student to participate in Smart Core and instead to participate in the Core curriculum. By signing this Smart Core Waiver Form, you are waiving your student's right to Smart Core and are placing him or her in the Core Curriculum.

CORE CURRICULUM

English – 4 units

- English 9th grade
- English 10th grade
- English 11th grade
- English 12th grade or Transitional English 12

Mathematics – 4 units (or 3 units of math and 1 unit of Computer Science*)

- Algebra I (or Algebra A & Algebra B - each may be counted as one unit of the 4 unit requirement)
 - Geometry (or Geometry A & Geometry B - each may be counted as one unit of the 4 unit requirement)
- (All math units must build on the base of algebra and geometry knowledge and skills.)

Science – 3 units (or 2 units with lab experience and 1 unit of Computer Science*)

- Biology - 1 unit (All students must have 1 unit in Biology, IB Biology, ADE Biology, ADE Approved Biology Honors, or Concurrent Credit Biology.)
- Physical Science, Chemistry, or Physics – at least 1 unit
- other ADE approved science

Social Studies – 3 units

- Civics - ½ unit
- World History - 1 unit
- U.S. History - 1 unit
- other social studies – ½ unit

Oral Communications – ½ unit

Physical Education – ½ unit

Health and Safety – ½ unit

Economics – ½ unit (may be counted toward Social Studies or Career Focus)

Fine Arts – ½ unit

Career Focus – 6 units

***Computer Science – (optional)** A flex unit of Computer Science and Mathematics, Essentials of Computer Programming, AP Computer Science, or IB Computer Science may replace the 4th math requirement or the 3rd science requirement. Two distinct units of the computer science courses listed above may replace the 4th math requirement and the 3rd science requirement. If the 4th math requirement and the 3rd science requirement have been met through other coursework, any of the computer science courses listed above may be used for career focus credit.

(Comparable concurrent credit may be substituted where applicable.)

Beginning with the entering 9th grade class of the 2014 – 2015 school year, each high school student shall be required to take at least one digital learning course for credit to graduate. (Act 1280 of 2013)

By signing this form, I acknowledge that I have been informed of the requirements and implementation of the Smart Core Curriculum and am choosing to waive the Smart Core curriculum for my child. I understand the potential negative consequences of this action as outlined on this form.

Parent/Guardian Signature

Date

School Official Signature

Date

My child, _____, has permission to visit local places/ businesses within Manila while attending Manila Middle School. This may include a trip to the monument, park, cemetery, local restaurant, or store.

Examples may include:

Tutoring Reward Trip (Mexican)

Local History at Museum

Advisory Group Trips (Lunch)

Nursing Home (Christmas)

Food Pantry (Thanksgiving)

Herman Davis

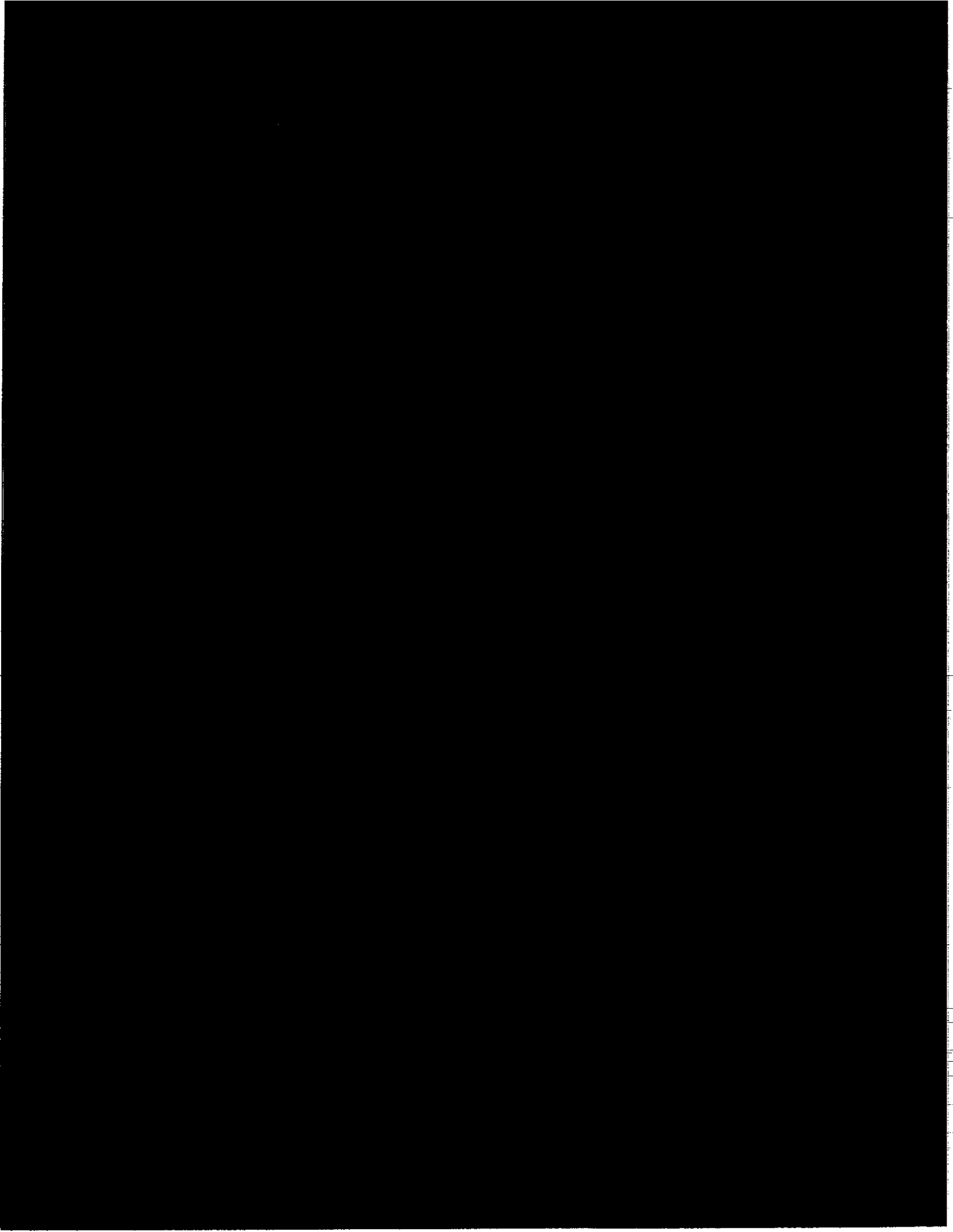
Cemetery

Park (Reward Trip)

Parent Signature _____

August 15, 2016

No, I would like to be notified about each individual trip.



2016 - 2017

Home Language Survey

Arkansas Department of Education
Equity Assistance Center

Student's Name _____ Sex (circle one) M F
Nombre del Estudiante _____ Sexo

Date of Birth _____ Age _____
Fecha de Nacimiento _____ Edad

School _____ Grade _____
Escuela _____ Grado

1. What language is spoken in your home most of the time? _____
Cual es el idioma que mas se habla en su casa?
2. What language does the student speak most of the time? _____
Cual es el idioma que habla mas el estudiante?
3. What language do parents speak to the student most of the time? _____
Cual es el idioma que mas le hablan los padres al estudiante?