



REGISTRATION

Wynne Public Schools Requirements for Registration

To register, parents must provide the following:

1. Documentation of student's date of birth including one of the following:
 - Copy of birth certificate
 - Passport showing student's date of birth
 - United States military identification showing student's date of birth
 - Previous school records showing student's date of birth
2. Copy of social security card
3. Official up-to-date shot records
4. Proof of residency which **must include current personal property assessment and one of the following:**
 - Current utility bill (gas, water, or electric bill)
 - Current rent receipt
 - Current lease agreement
 - Dated contract for the purchase of home
 - Dated contract for closing on construction of a new home.

Registration is not complete and student will not be enrolled until all information is provided.

Dr. Kenneth Moore, Superintendent



**WYNNE PUBLIC SCHOOLS
Enrollment Form**

Office Use Only		
Student ID #	_____	
Grade	_____	School _____
Bus#	_____	Homeroom _____

Name _____ Date of Birth _____
Last First Middle Month/Day/Year

Sex M F Social Security Number _____ Is student a twin? Yes No

Physical Address _____
Street City Zip Primary Phone Number

Mailing Address _____
Street City Zip Primary Phone Number

Previous School/Preschool _____
Name of Previous School/Preschool City State

Race Asian/PI Black Hawaiian/Pacific Native American/Alaskan Native White

Ethnicity Hispanic/Latino Yes No **Travel Code** Bus Drives Self Parent/Guardian

Is this student currently under suspension or expulsion from any school or are there procedures in progress pertaining to suspension or expulsion of your child? Yes No

Does the student take medication at school? Yes No

Was the previous school providing special services? (mark all that apply) ESL G/T
 Speech 504 Special Education Other _____

Student resides with Both Parents Mother Only Father Only Grandparent(s)
 Joint Custody Foster Parents Mother & Stepfather Father & Stepmother
 Other If other, please explain: _____

Legal Guardian Status: Mother Father Both Parents Grandparents Foster Parents

Primary Parent/Guardian Name Home/Cell Number Work Phone
_____ Do you need an interpreter? Yes No
Email Address

Secondary Parent/Guardian Name Home/Cell Number Work Phone
_____ Do you need an interpreter? Yes No
Email Address

The person(s) listed below has permission to check my child out of school (list name and number)

- _____
- _____
- _____
- _____

Is this student a military dependent? Yes No **If yes, please indicate status below:**
Army Active Duty Reserves Coast Guard Active Duty Reserves
Navy Active Duty Reserves Army National Guard
Air Force Active Duty Reserves Air Force National Guard
Marines Active Duty Reserves Parents Multiple Branch

Parent/Guardian Signature _____ Date _____

Dr. Kenneth Moore, Superintendent

WYNNE PUBLIC SCHOOLS

Enrollment Form

Additional Student Information



City of Birth: _____

State of Birth: _____

Country: _____

Birth Certificate Provided: Yes No **Birth Certificate Number:** _____

Is the student eligible for Medicaid/AR Kids First? Yes No **If Yes, ID Number:** _____

McKinney Vento Act Eligibility

Is your family current experiencing an unusual hardship due to loss of job, income or housing which has caused you to live in a doubled-up situation? Yes No

Is this child a foster child? Yes No

Migrant Program Eligibility

Did the student move alone or with parents? _____

Has an adult family member worked in an agriculturally related job in the last 3 years? Yes No



**Arkansas Division of Elementary and Secondary Education (DESE)
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’ legal 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 (the 50 states, DC)? (Kindergarten – 12th grade) _____ Month Day Year</p> <p>9. Has your child attended a school in Puerto Rico? _____</p>	

Thank you for providing the information needed on the Home Language Usage 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.

This work, "Arkansas Department of Education (ADE), Home Language Survey", is a derivative of "OSPI Home Language Survey" by OSPI, used under [CC BY](https://creativecommons.org/licenses/by/4.0/). "Arkansas Department of Education (ADE), Home Language Survey" is licensed under [CC BY](https://creativecommons.org/licenses/by/4.0/) by the English Learners Unit of the Arkansas Department of Education.



**WYNNE SCHOOL DISTRICT
Medical History**

Office Use Only

Student ID # _____ Grade _____
School _____ Age _____ Homeroom _____

Name _____ Date of Birth _____
Last First Middle Month/Day/Year

*Life Threatening implies respiratory distress or need of emergency care

Allergies

- | | | | | |
|---|--|---------------------------------|-------------------------------|---|
| <input type="checkbox"/> Foods/Nuts _____ | <input type="checkbox"/> Life Threatening* | <input type="checkbox"/> Severe | <input type="checkbox"/> Mild | <input type="checkbox"/> Age of last reaction _____ |
| <input type="checkbox"/> Insects _____ | <input type="checkbox"/> Life Threatening* | <input type="checkbox"/> Severe | <input type="checkbox"/> Mild | <input type="checkbox"/> Age of last reaction _____ |
| <input type="checkbox"/> Medications _____ | <input type="checkbox"/> Life Threatening* | <input type="checkbox"/> Severe | <input type="checkbox"/> Mild | <input type="checkbox"/> Age of last reaction _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Life Threatening* | <input type="checkbox"/> Severe | <input type="checkbox"/> Mild | <input type="checkbox"/> Age of last reaction _____ |

Seasonal Hay Fever Has Medication at School Medication may cause drowsiness
Describe reaction _____

Asthma

- | | | | |
|--|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Life Threatening* | <input type="checkbox"/> Severe | <input type="checkbox"/> Mild | <input type="checkbox"/> Manages Own Care |
| Induced by: | <input type="checkbox"/> Cold Weather | <input type="checkbox"/> Exercise | <input type="checkbox"/> Stress |
| | | | <input type="checkbox"/> Respiratory Infection Brings on Asthma Attack |
| <input type="checkbox"/> Takes Medication - Name of Medication _____ | | | <input type="checkbox"/> Medication may cause drowsiness |

Heart Condition

- | | | | | |
|---------------------------------|--|--|---|---|
| <input type="checkbox"/> Murmur | <input type="checkbox"/> Has Pacemaker | <input type="checkbox"/> Activities Restricted | <input type="checkbox"/> Activities NOT Restricted | <input type="checkbox"/> Under Medical Care |
|---------------------------------|--|--|---|---|
- Other Conditions _____

Eyes

- | | | | | |
|--|---|--|---|--------------------------------------|
| Problem With: | <input type="checkbox"/> Right Eye | <input type="checkbox"/> Left Eye | <input type="checkbox"/> Both Eyes | <input type="checkbox"/> Color Blind |
| <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Wears Contacts | <input type="checkbox"/> Last Prescription Change at Age _____ | <input type="checkbox"/> Surgery at Age _____ | For _____ |

Other Eye Problems _____

Ears

- | | | | | | |
|---|------------------------------------|---------------------------|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> History of ear infections, age _____ | <input type="checkbox"/> Had Tubes | Has Tubes In: | <input type="checkbox"/> Right Ear | <input type="checkbox"/> Left Ear | <input type="checkbox"/> Both Ears |
| Other Ear Problems _____ | | Wears Hearing Aid: | <input type="checkbox"/> Right Ear | <input type="checkbox"/> Left Ear | <input type="checkbox"/> Both Ears |

Headaches

- | | | | | |
|------------------------------------|-------------------------|---------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Migraines | Caused by: _____ | Has Medication at: | <input type="checkbox"/> Home | <input type="checkbox"/> School |
|------------------------------------|-------------------------|---------------------------|-------------------------------|---------------------------------|

Bone Problems

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Scoliosis % of Curve _____ | <input type="checkbox"/> Knees | <input type="checkbox"/> Bone Spurs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Under Doctor's Care | <input type="checkbox"/> NO Restrictions | | <input type="checkbox"/> Restrictions _____ |

Other Conditions

- | | | | | |
|---|--|---|--|--------------------------------------|
| <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Digestion/Intestinal | <input type="checkbox"/> Frequent & Severe Nose Bleeds | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Eating Problems | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emotional | <input type="checkbox"/> Neurological | <input type="checkbox"/> Thyroid |
- Other Conditions _____

Parent/Guardian Signature _____ **Phone #** _____ **Date** _____

WYNNE PUBLIC SCHOOLS HEALTH/EMERGENCY INFORMATION 2024-2025
PLEASE COMPLETE AND SIGN BOTH SIDES OF THIS FORM AND RETURN TO THE SCHOOL

Student: _____ Date of Birth: _____ Race: ____ Sex: ____ Homeroom/Enrichment teacher _____

Lives with (CIRCLE): Mother Father Stepmother Stepfather Grandparents Other: _____

Brothers/Sisters: _____

Student's Address _____

In case of emergency, illness, or accident, contact parent (s) in this order:

1st Parent/Guardian name _____ **Relationship:** _____

1st contact # _____ 2nd contact # _____ Work Name _____ Work phone _____

2nd Parent/Guardian name _____ **Relationship:** _____

1st contact # _____ 2nd contact # _____ Work Name _____ Work phone _____

If parent(s) cannot be reached, the school may call the following persons to pick up my child from school:

1. _____
NAME RELATIONSHIP PHONE #1 PHONE #2

2. _____
NAME RELATIONSHIP PHONE #1 PHONE #2

3. _____
NAME RELATIONSHIP PHONE #1 PHONE #2

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Eye doctor: _____ Phone: _____

MEDICATION

STUDENTS ARE NOT ALLOWED TO CARRY ANY PRESCRIPTION OR OVER THE COUNTER MEDICATIONS ON THEM DURING SCHOOL. ONLY EMERGENCY MEDICATION WITH A DOCTOR'S ORDER IN THE SCHOOL NURSE'S OFFICE MAY BE CARRIED BY ANY STUDENT. ALL MEDICATION MUST BE BROUGHT BY THE PARENT AND SIGNED IN WITH THE SCHOOL NURSE.

I have read and understand the Medication Procedures as outlined in the student handbook. I give permission for **TYLENOL, ORAJEL, ANTACID, COUGH DROP, CALADRYL CLEAR, 911 SPRAY, ANTIBIOTIC OINTMENT, BENADRYL, STING SWABS, AND THROAT SPRAY** to be given to my child under the direction of the school nurse. My child has received these medications in the past without adverse effects. I will not hold the school or school personnel responsible for any illness or reaction from these medications if given at school.

YES, my child can receive the above medicine at school.

NO, my child cannot receive the above medicine at school.

I will contact the school nurse if any changes occur in the above PHONE NUMBERS.

I UNDERSTAND THAT IF IT IS DEEMED NECESSARY TO CALL AN AMBULANCE, THE WYNNE SCHOOL DISTRICT WILL NOT BE HELD RESPONSIBLE FOR ANY FEES OR TREATMENT INCURRED BY EMERGENCY PERSONNEL.

Parent/Guardian Signature

Date

WYNNE PUBLIC SCHOOLS STUDENT HEALTH INFORMATION

Student Name: _____ Home room: _____ Grade: _____

Dear Parent/Guardian: Please update your child's health information.

Write a check mark for any items below that relate to your child's health and sign at the bottom of the page.

NONE: NO KNOWN HEALTH PROBLEMS AT THIS TIME.

___ **ADD or ADHD:** Medicine _____ given at: home ___ school ___
** (All medications taken at school must be brought by a parent and signed in to the school nurse)

___ **Allergies:** Food _____ Sting _____ Drug _____
Seasonal _____ OTHER _____

Treatment for allergies _____

___ **Asthma:** Inhaler required at school? Yes ___ No ___ Name of inhaler _____

___ **Heart Problems:** Name of condition: _____

Medication: No ___ Yes ___ Name of medicine _____

Restrictions: No ___ Yes ___ Explain _____

___ **Diabetic:** Type I ___ Type II ___ Medicine: No ___ Yes ___
Name of medicine _____

___ **Migraine headache:** (Diagnosed by doctor) Medication: _____

___ **Seizures:** Medication: _____ given at: home ___ school ___
Date of last seizure: _____

___ **Sickle Cell Anemia:** Trait ___ Disease ___ Medicine _____
Date of last crises: _____ Most frequent problems _____

___ **Other Illness or condition:** Explain: _____

___ **List daily medicine** _____

___ **Recent hospitalization, injury, surgery, or illness:** _____

Parents are responsible for contacting the school nurse about any changes in the student's health, medication, or conditions. Please inform the nurse if your child is requiring medical equipment such a brace and/or crutches. A Doctor's note is needed for any new medical problems or for accommodations.

I have read, completed and give my permission for my child's health information to be given to appropriate teachers and staff as deemed necessary by the school nurse.

Parent/Guardian Signature

Date

***PLEASE COMPLETE BOTH SIDES OF FORM ***



WYNNE PUBLIC SCHOOLS

Media, Publications, Video, Internet Consent and Release Agreement for Parents/Guardians and Students

Parents, guardians and students who attend or participate in Wynne School District programs or events are occasionally asked to be part of county, statewide and/or national publicity, promotion, marketing and /or public relations activities or projects, and/or appear in educational and curriculum material developed by the District. In order to guarantee you and your child's privacy and ensure your agreement to participate, the Bryant School District asks that you sign and return this form.

By your signature on this form, you approve the Wynne School District, should it choose, to use you and/or your child's name, picture (still or video), art, written work, voice, or verbal statements in any educational and/or promotional printed or electronic piece that furthers the District's educational and/or public relations efforts during this and subsequent years. This includes but is not limited to external news media outlets (printed and/or broadcast), District website, online social media accounts, brochures, displays, newsletters, curriculum guides, purchased advertisements or other means of communicating with the public about District programs and services. The pictures, recordings, articles, copy or other means of communications may or may not personally identify you or your child.

AGREEMENT

The Wynne School District agrees that your or your child's name, picture, art, written work, voice, verbal statements, or portraits (video or still) will only be used for the District's public relations, public information, promotion, publicity and marketing efforts and/or to support its educational programs.

By signing below, the Parent/Guardian and Youth understand and agree that

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives.

If the Parent/Guardian and/or Youth wish to rescind this agreement, they may do so at any time with written notice.

Youth's Name (print)

Grade

Youth's Signature (if at least 18 years old)

Date

Parent/Guardian Name (print)

Parent/Guardian Signature Date

Each student should have a copy of this form at the school the child will be attending.



WYNNE PUBLIC SCHOOLS

COMPLETE THIS FORM ONLY IF YOU OBJECT TO THE PUBLICATION OF DIRECTORY INFORMATION

Family Educational Rights and Privacy Act (FERPA)

I, the undersigned, being a parent of a student, or a student eighteen (18) years of age or older, hereby note my objection to the disclosure of publication by the Wynne Public Schools of directory information, as defined in district policy, concerning the student named below.

I understand that the participation by the below-named student in any interscholastic activity, including athletics and school clubs, may make the publication of some directory information unavoidable, and the publication of such information in other forms, such as telephone directories, church directories, etc., is not within the control of the District.

I understand that this form must be filed with the office of the appropriate building principal within ten (10) school days from the beginning of the school year or the date the student is enrolled in school in order for the District to be bound by this objection. Failure to file this form within that time is a specific grant of permission to publish such information.

I object and wish to deny the disclosure or publication of directory information as follows:

PLEASE SELECT ONE OPTION BY INITIALING

All public and school sources

Selecting this option will prohibit the release of directory information to the categories listed above along with all other public sources (such as newspapers), AND result in the student's directory information NOT being included in the school's yearbook and other school publications.

All public sources

Selecting this option will prohibit the release of directory information to the categories listed above along with all other public sources (such as newspapers), but permit the student's directory information to be included in the school's yearbook and other school publications.

Name of Student (print)

Grade

Signature of parent (or student, if 18 or older)

Date of Form Submission

Sign and return ONLY if objecting to the disclosure of student directory information including, yearbook, social media, newspaper, and other school publications.

The Family Educational Rights and Privacy Act (FERPA) generally requires the Bryant School District to obtain a parent or guardian's written consent prior to disclosing personally identifiable information (PII) from a student's education records. One of the exceptions to this general rule applies to "directory information." Unless the parent or guardian of a student (or student, if above the age of 18) objects, directory information may be made available to the public, military recruiters, post-secondary educational institutions, prospective employers of those students, as well as annual yearbooks and graduation announcements. Directory information includes, but is not limited to, a student's name, address, telephone number, electronic mail address, photograph, date and place of birth, dates of attendance, his/her placement on the honor role (or the receipt of other types of honors), as well as his/her participation in school clubs and extracurricular activities, among others. If the student participates in inherently public activities (for example, basketball, football, or other interscholastic activities), the publication of such information will be beyond the control of the District. Directory information also includes a student identification (ID) number, user ID, or other unique personal identifier used by a student for purposes of accessing or communicating in electronic systems and a student ID number or other unique personal identifier that is displayed on a student's ID badge, provided the ID cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a personal identification number (PIN), password or other factor known or possessed only by the authorized user. A parent or guardian may opt out of the District's disclosure of directory information by signing the form below. For additional information about FERPA, please review Bryant School District Board Policy #4.13.

2024-2025 Employment Survey

Wynne Public Schools		Date / Fecha	
<i>Your child may qualify to receive: free school supplies, school lunches, books, credit recovery, college scholarships and limited health services.</i>		<i>Su hijo puede calificar para recibir: útiles escolares gratuitos, almuerzos escolares, libros, recuperación de créditos, becas universitarias y servicios de salud limitados.</i>	
Student/Parent Information / Información del Estudiante / Padre			
Student Name / Nombre del Estudiante		Birthday / Cumpleaños	Grade/ Grado
Parent Name / Nombre del Padre			
Address / Dirección		City / Ciudad	
Phone / Teléfono		Email / Correo Electrónico	
Place of Employment / Lugar de Empleo			
Relocation History/Historial de Reubicación			
<i>In the past three (3) years, have you or a member of your family with whom you reside, moved to live or stay temporarily in order to do agriculture work? (summer moves count)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>En los últimos tres (3) años, ¿usted o un miembro de su familia con quien reside, se ha mudado a vivir o se ha quedado temporalmente para trabajar en la agricultura? (los movimientos de verano cuentan)</i>
	Yes Si	No No	
If YES , what was the date of the move? / En caso afirmativo, ¿cuál fue la fecha de la mudanza? _____			
If YES , please check the following agriculture job(s) that was done when the move was made. En caso afirmativo, marque los siguientes trabajos agrícolas que se realizaron cuando se hizo la mudanza.			
<input type="checkbox"/>	Working at a nursery (planting, potting, pruning, transplanting) / Trabajar en un vivero (plantar, podar, trasplantar)		
<input type="checkbox"/>	Farming (soil preparation, planting, harverstin, baling hay) / Agricultura (preparación del suelo, siembra, cosecha, heno empacado)		
<input type="checkbox"/>	Processing Plants (meat, poultry, fruit, dairy, vegetables) / Plantas de procesamiento (carnes, aves, frutas, lácteos, verduras)		
<input type="checkbox"/>	Chicken Houses (catching, caring for chickens, gathering eggs) / Gallineros (captura, cuidado de pollos, recolección de huevos)		
<input type="checkbox"/>	Cotton Gin (building modules) / Desmotadora de algodón (módulos de construcción)		
<input type="checkbox"/>	Caring for livestock / Cuidando el ganado		
<input type="checkbox"/>	Commercial fishing or working on fish farm / Pesca comercial o trabajo en piscifactorías		
<input type="checkbox"/>	Chopping or pulling weeds / Cortar o arrancar las malas hierbas		
<input type="checkbox"/>	Growing or harvesting fruits,vegetables / Cultivar o cosechar frutas, verduras		
<input type="checkbox"/>	Working at a grainary, seed company (cleaning, bagging) / Trabajar en una empresa de semillas , cereales (limpieza, ensacado)		
<input type="checkbox"/>	Timber work (planting, harvesting, cutting trees, skidding logs) / Trabajos de madera (plantación, tala, tala de árboles, arrastre de troncos)		
List all children in the household under 22 / Enumere todos los niños del hogar menores de 22 años			
NAME /NOMBRE	BIRTHDAY/CUMPLEAÑOS	GRADE/GRADO	

For more information call Anne French (870) 408-5433

WYNNE PUBLIC SCHOOLS

PARENT – STUDENT STATEMENT OF RESPONSIBILITY

Wynne Public School District provides **online** access to the district student handbook. The **Online** student handbook is designed to provide you with guidelines, information, rules, policies and procedures associated with your child and your child’s school. A summary of the Wynne School District School – wide Title 1 Parent and Family Engagement Plan is included in the handbook. In the event you are not entirely certain of some aspect of school policy, contact the building principal for clarification. To access the online handbook, visit the district’s website at www.wynneschools.org; The district handbook is available in the quick links section under parents/students. Click the appropriate “Student Handbook” link.

Date: _____ Please return signed form within three (3) school day of receipt.

Parent/Guardian’s Name Printed: _____

Student’s Name Printed: _____ Grade _____

Homerom Teacher: _____

I have been informed regarding how to access the student handbook and the School-Wide Title 1 Parent and family Engagement Plan on the district website.

Parent/Guardian’s Signature: _____

Student’s Signature: _____