



HAAS HALL ACADEMY Enrollment Form

(479) 966-4930 (479) 966-4932

GENERAL SCHOLAR INFORMATION

| | | |
|-----------------------|------------------------|----------------------|
| SCHOLAR'S FIRST NAME: | SCHOLAR'S MIDDLE NAME: | SCHOLAR'S LAST NAME: |
|-----------------------|------------------------|----------------------|

Birthdate: ___/___/___ Gender: F M Nickname: _____ SSN: _____/_____/_____

Grade: _____ Campus: _____ Hispanic/Latino Ethnicity: 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: _____ Scholar's Email Address: _____

Scholar Physical/g11 Address

Scholar Mailing Address

Address: _____
City: _____ State: _____ Zip Code: _____

Mailing Address is same as Physical/g11 Address

Address: _____
City: _____ State: _____ Zip Code: _____

Scholar Home Phone: _____ Scholar Cell Phone: _____

PARENT/GUARDIAN CONTACT

Parent/Guardian 1

Parent/Guardian 2

Name: _____
Relationship to Scholar: _____
Language of Correspondence: _____
Mailing Address: _____
City: _____
State: _____ Zip Code: _____
Email: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Employer: _____

Scholar Primarily Resides with this Guardian.

Name: _____
Relationship to Scholar: _____
Language of Correspondence: _____
Mailing Address: _____
City: _____
State: _____ Zip Code: _____
Email: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Employer: _____

Scholar Primarily Resides with this Guardian.

OFFICE USE ONLY

Entry Date: _____ Meal ST: _____ ESL: _____ IMMIG: _____ Residency: _____
Entry Code: _____ M/V Act: _____ SP: _____ GT: _____ Choice LEA: _____
Curriculum: _____ 504: _____ MIG: _____ Homeroom: _____ P/T ADM %: _____



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ADDITIONAL SCHOLAR INFORMATION

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 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

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

ADDITIONAL CONTACT INFORMATION

Additional Guardian Contact

Name: _____ Email: _____
 Relationship to Scholar: _____ 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: _____ Scholar 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) |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

Physician: _____ Physician: _____
 Physician Phone: _____ Physician Phone: _____
 Please list any medical concerns and/or medications for this child: _____

Last School Attended: _____ Phone #: _____
Address: _____

Is this child currently expelled from any other school district or is the child a party to an expulsion proceeding? Yes No

Has this child been retained? 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

| | | |
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