



LITTLE SCHOLARS of ARKANSAS

“Embrace your future”

2009-2010 STUDENT RE-ENROLLMENT FORM

To retain student status for 2009-10 school year, this form and enclosed documents **MUST** be returned to the school office no later than

March, 20, 2009 at 3:00 PM

Students who have not returned this form by the above date will be taken off the 2009-2010 student roll. Forms received **UNSIGNED, INCOMPLETE, or AFTER** the **DEADLINE** will **NOT** be **ACCEPTED**.

PLEASE PRINT CLEARLY (one form per student)

Student Name: _____ Current Grade/Class: ____/____

Student Date of Birth: _____

PLEASE CHECK ONE OF THE FOLLOWING:

_____ My child WILL be attending the 2009-2010 school year.

_____ My child WILL NOT be attending the 2009-2010 school year.

Parent/Guardian Signature

Date

Office Use Only

Date Received: _____, 2009

5410 Landers Rd.
Sherwood, AR 72117



Tel: (501) 945 2727
Fax: (501) 945 2728
www.lisanorth.org

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PARENT/GUARDIAN CONTRACT FOR 2009-2010 SCHOOL YEAR

Dear Parent(s)/Guardian(s),

Please read carefully, initial, and sign the following school requests and policies.

- 1.) From time to time, staff may photograph students during school activities. By signing below, you agree to the release of such photos to be used for school brochures, newsletters, yearbook and/or any other use for school related publication. Initial: _____
- 2.) **ACADEMIC IMPROVEMENT PLAN (AIP):** Participation is required if assigned by a teacher. AIP includes 7th hours, Saturday schools, ACTAAP Summer prep, and pull outs for Math and English classes. Initial: _____
- 3.) I/we will communicate with teachers and administrators by attending parent conferences and meetings and by updating information if my/our address or phone numbers change. I/we understand that it is my/our responsibility to get information about our child’s academics and homework on a regular basis via the website. Initial: _____
- 4.) I/we will make sure that my/our child attends 100% of each class. I am aware that missing 10% of class/school will result in failing the class/grade and be subject to truancy by State Law. Initial: _____
- 5.) I/we will make sure that my/our child arrives to school, so that he/she reports to homeroom by 7:50 am. School may contact truancy officers in case of habitual tardiness. Initial: _____
- 6.) Per school policy, students must be picked up immediately upon dismissal. If students are in the facility after dismissal times, the authorities may be contacted. LISA Academy assumes no responsibility for any student in the facility after designated hours. Initial: _____
- 7.) I/we understand that my/our child must follow the rules, as set forth in the LISA Student Handbook, so as to protect the safety, interest and the rights of all individuals at school. Initial: _____
- 8.) It is parent’s and student’s responsibility that the uniform requirements outlined in the handbook are followed strictly and maintained daily. Initial: _____
- 9.) I/We will help my/our child to learn how not to be a bully/bullied at school, whatever the circumstances. Initial: _____

I have read and understand the above requests and policies and will comply by them.

Signature of parent/ guardian 1

Date

Signature of parent/ guardian 2

Date

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HOME LANGUAGE SURVEY

Date: _____

Student's Name: _____ Male: _____ Female: _____

Date of Birth: _____ Age: _____ Race: _____ Grade : _____

1. What language is spoken in your home most of the time? _____

2. What language does the student speak most of the time? _____

3. What language do parents speak to the student most of the time? _____

4. What language did your child learn when he/she first began to talk? _____

5. What written language would you prefer to receive school communications (such as attendance letter, etc...)? English _____ Spanish _____ Other _____

Signature of Parent/Guardian _____ Date: _____

FOR ESL OFFICE USE ONLY

Date Rec. in ESL Office: _____

Referred to Tester: _____ on _____
Name of Tester Date Referred

Date of Test: _____ Test Result: _____

LMS Category: _____ LEP Category: _____

ESL Program services/School Placement: _____

LISA ACADEMY-NLR
MEDICAL/ EMERGENCY CONTACT FORM
2009-2010 SCHOOL YEAR

Student's Name _____ Male Female Birthdate _____ Grade _____
 Address: _____

Mother's Name: _____ Employer: _____
 Home phone: _____ Cell _____ Work: _____

Father's Name: _____ Employer: _____
 Home phone: _____ Cell _____ Work: _____

Who has legal custody of your child? _____

Who has permission to pick up your child from school? Name: _____

EMERGENCY CONTACTS

Name: _____ (H) _____ (W) _____ (C) _____ Relationship: _____
 Name: _____ (H) _____ (W) _____ (C) _____ Relationship: _____
 Name: _____ (H) _____ (W) _____ (C) _____ Relationship: _____

HEALTH INFORMATION

CONDITION	DESCRIPTION	CURRENT MEDICATION	DESIRED ACTION BY SCHOOL
Drug Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Anaphylactic allergies requiring Epinephrine (Epi Pen): Yes <input type="checkbox"/> No <input type="checkbox"/>			
Asthma: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Diabetes: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Convulsive Disorder/Seizure: Yes <input type="checkbox"/> No <input type="checkbox"/>			
ADHD: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Infectious Disease or Other Conditions: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other medical conditions:			

**Please note that an Individualized Care Plan (IHP) or Action Plan may be required for your child with ongoing health needs such as those listed above. These forms will be distributed as needed by the school's nurse.*

1.) Does your child have a current IHP /IEP/ 504 Plan in place?: Yes No _____
 Please list: _____

2.) **Health Insurance Company:** _____ **Policy/Group #** _____
Policy Holders Name _____

3.) **Family Physician:** _____
Phone: _____
Address: _____

4.) **Family Dentist:** _____
Phone: _____
Address: _____

IN THE EVENT OF A MEDICAL EMERGENCY, YOUR CHILD WILL BE TRANSPORTED BY LOCAL EMS TO ARKANSAS CHILDREN'S HOSPITAL. IF YOU PREFER ANOTHER FACILITY, PLEASE LIST HERE: _____

Parent Signature _____ Date: _____