Student Name:	Grade:	Date:
BENTON COUNTY SCHOOLS		
Birth certificate or officially acceptable eviden	ce of date of hirth at the	time of registration
Social Security Number (card)		time of registration
Evidence of current medical examination		
Evidence of state-required immunization record	i	
Any custody issues / information		
—— Has child been suspended or zero-tolerance from	m previous school?	
Student Residency Affidavit form must be filled	d out	
Migrant Education Program Occupational Surve	ey form	
Lunchroom Use Only Student Information Form	n	
Home Language Identification Form		
Student Information/Transportation To and Fron	n School form	
Have you been enrolled in any Benton County S		No
If yes, School Name		
Special Education services?504?	Gifted?	
If yes, complete the Temporary Placemen		
Registration and Program Card Form		
Student Records Request Form: Name/Address	of Last School:	
If enrolling after first day of school must also include:		
Free and Reduced Lunch Application		
Computer/Equipment Use Agreement		•
Handbook Agreement/Textbook Agreement		
Health Information and Consent to Medical Care for	or a Minor	
Request for records s	sent on:	
4-Year Plan/Focus Plan of Study		