

STUTTGART PUBLIC SCHOOLS
STUDENT HEALTH INFORMATION SHEET

Student's name _____ DOB _____ Gender ____ Grade ____
Guardian _____ Cell # _____ Work # _____
Student's Physician _____ Phone # _____
Student's Dentist _____ Phone # _____

Please indicate if your student has any of the following by checking below:

____ ADD/ ADHD ____ Arthritis ____ Asthmas ____ Blood Disorder
____ Cerebral Palsy ____ Concussions ____ Diabetes ____ GI Problem
____ Head Injury ____ Hearing Issue ____ Heart Disorder ____ Hepatitis
____ Scoliosis ____ Seizures ____ Skin Condition ____ Speech Problems
____ Tuberculosis ____ Urinary Problem ____ Vision Problems
Other: _____

Does your child have ALLERGIES to any **foods, medications, insects, or bee stings?**

____ yes ____ no

Please explain and include treatment:

Does the allergy require an EpiPen? ____ yes ____ no

*If yes, EpiPen and Allergy Action Plan **MUST** be provided by the 1st day of school.

REQUIRED!

If the student has Asthma, is there an emergency inhaler used? ____ yes ____ no

*If yes, an Inhaler and Asthma Action Plan **MUST** be provided by the 1st day of school.

REQUIRED!

Please list any daily medications (including home and school). Name, dose, frequency, time, and route of administration: _____

Please list any physical limitations: _____

Is there anything concerning the health of your child in which the school should know in order to provide specific care? If yes, please specify: _____

Guardian Signature _____

Date _____

RECEIPT OF STUDENT HANDBOOK 2026 - 27

Dear Student and Parent:

This handbook has been prepared to provide you with information that you need so that you are familiar with the policies, procedures and expectations of Stuttgart Public School District. This handbook is in compliance with current laws governing Arkansas public schools and the adopted board policies of the Stuttgart Public School District. In the event that there is a conflict between the local school parent/student handbook and the district board policy, the one with the more recently adopted language will be considered binding and controlling on the matter.

This handbook has been prepared for the purpose of outlining for you the expectations of Stuttgart Public School District in regard to student conduct, and providing you with information concerning the operation of the total school program.

Beginning the 2016/2017 school year, the Stuttgart School District provided electronic handbooks. Handbooks will be available online at www.stuttgartschools.org. Parents/guardians who do not have electronic devices to access the online handbook or who wish to receive a paper copy may do so by requesting one from your student's building.

Students who lose their paper copy handbook may purchase additional handbooks for \$5.00 a copy.

Please make sure you receive a packet of information documents to sign and return to school. We must have all of these documents on file for each student in our district.

The signatures below reflect the individuals acknowledge they have received a Stuttgart School District Parent/Student handbook (either electronic or paper) with the following policies:

1. Homework
2. Discipline Policy/Student Behavior
3. Weapons and Firearms
4. Attendance and Absences
5. Retention
6. Bus Policy
7. Bullying
8. Title I Parent/Community Involvement
9. Parent Compact
10. Objection to Publication of Directory Material
11. Internet Use
12. Photo Display
13. Participation of Surveys
14. Medication
15. Grading

We have received a Stuttgart Public School District Handbook (either electronically or paper), and a packet of required information documents to sign and return to school.

Student: _____

Parent/Guardian Signature: _____

Date: _____

STUTT GART PUBLIC SCHOOLS

2501 S. Main St., Stuttgart, AR 72160

Dear Parent/Guardian:

Your child's vision and hearing may be screened by a school nurse this school year. With parental consent, the Stuttgart Public Schools can seek federal Medicaid/ARKids First reimbursement for the cost of health services provided the students who have Medicaid/ARKids First.

If your child is covered by Medicaid/ARKids, please complete the form below and return it to the school on or before October 1, 2026.

Your cooperation is greatly appreciated.

In compliance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 123g: 34 CFR Part 99)

I, _____, (parent/guardian name) give permission for my child,

_____ (First and Last Name)

Personally identifiable information/student education records to be disclosed to a Third Party Billing Agent for the purpose of billing Medicaid and/or private insurance.

_____ (Printed Name of Parent/Guardian)

_____ (Signature of Parent/Guardian)

_____ (Date Signed)

Added 7/8/14

Electronic device - Chromebook/iPad Use Permission Form

RETURN THIS SIGNED FORM TO THE CAMPUS OFFICE

This agreement is between Stuttgart School District (SSD), the student and the parent/guardian.

Any parent/guardian who wishes for their child to use a Stuttgart School provided "technology device" (Chromebook, iPad, Laptop, etc.), must read and sign this agreement. Parents and students who sign this form agree to all technology, computer, and internet use handbook policies, as well as, the following:

- The student takes full responsibility for the district provided technology device and shall keep it with him or herself at all times. SSD is not responsible for the security of devices.
- The guardian or student will be liable for payment of all damages (accidental and/or intentional) to and/or loss of the district technology device. A new device will not be reissued to students until damages and/or losses are paid to Stuttgart School District.
- Estimated costs (subject to change) for Chromebook/iPad parts and replacements:

Chromebook replacement -	\$260.00
System board-	\$61.00
LCD panel/screen -	\$50.00
Keyboard (including removed, missing or damaged keys) -	\$33.00
Charger -	\$22.00
Protective Case-	\$10.00
iPad repairs-	\$130.00 – \$275.00
iPad replacement-	\$330.00
- The student shall not attempt to repair a school owned device.
- Violations of any board policies, administrative procedures, or school rule involving a personally owned or school-issued device may result in the loss of use of the device in school and/or disciplinary action.
- Student's use of district provided technology device will be subject to The Student Internet Acceptable Use policy whether device is on campus or offsite.
- Students who need to have their district provided technology device repaired or replaced should report this to their teacher or other school personnel in charge of technology. Case by case determination will be made as to whether a loaner device is allowed.

Content Filter

The school utilizes an Internet content filter that complies with the federal mandated Children's Internet Protection Act (CIPA). All district technology devices (whether used on campus or offsite), will have internet activity filtered and logged. SSD cannot guarantee that access to all inappropriate sites will be blocked. No filter is as reliable as adult supervision.

No Expectation of Privacy

Students have no expectation of confidentiality or privacy with respect to school-issued technology device regardless of whether that use is for school-related or personal purposes, other than as specifically provided by law. The school may, without prior notice or consent, log, supervise, access, view, monitor and record use of student devices at any time for any reason related to the operation of the school. By using a district provided technology device, students agree to such access, monitoring, and recording of their use.

Student Expectations

I Promise to...

- be responsible for my Chromebook at all times
- immediately report technical problems with my district provided technology device (iPad, chromebook, etc.) to the Library Media Specialist
- charge my district provided technology device (iPad, chromebook, etc.) each evening. Bring the technology device to school fully charged
- not loan my technology device, charger, or case to another student for any reason

Parent Expectations

1. Remember that while the school system will provide Internet content filtering, ***there is no substitute for parental supervision when using a computer.***
2. Monitor student use of the technology device and Internet at home.
3. Ensure your child understands and adheres Internet policies and the guidelines set forth in this use agreement.
4. Sign the agreement.
5. If the device is intentionally damaged, parents will reimburse Stuttgart School District per school policy for any costs incurred due to misuse, neglect, damage, or loss, including theft, up to the full replacement cost of the device.
6. Review Stuttgart School District's Acceptable Internet Use Policy, and the conditions of this use agreement.
7. Ensure the return of the device and all accessories in good working condition at the end of the current school year or before the student withdraws from school.

Print Student's name: _____

Print Parent's name: _____

I understand and will abide by the conditions of this policy as well as the Acceptable Internet Use Policy in the Student Handbook. I further understand that any violation of these policies may result in the loss of device privileges as well as other disciplinary action.

Student's Signature

Date

As a parent/guardian, I understand that my child will be responsible for abiding by these conditions of this policy, as well as, the Acceptable Internet Use Policy in the Student Handbook. I have read and discussed them with her/him and they understand the responsibility they have in the use of any district provided technology device.

Parent/Guardian's Signature

Date



RESIDENCY FORM

Your answers will help determine if the child/youth meets eligibility requirements for services under the McKinney-Vento Act.

List all of your children birth through age 21.

Name of Child/Youth	School/Program	Age	Grade/ Early Childhood Level	Date of Birth

Parent/Guardian _____

Address _____

City _____

Zip Code _____ Phone Number: _____

Is this address temporary or permanent? (circle one)

Please choose which of the following situations the child or youth currently lives in (you can choose more than one):

- ☐ Motel, car, or campsite
- ☐ Shelter or other temporary housing
- ☐ With friends or family members (other than or in addition to parent/guardian)
- ☐ Living in inadequate housing (no heat, no water, mold infested, etc.)
- ☐ House or apartment with parent
- ☐ House or apartment with legal or court-appointed guardian

If you are living in shared housing, please check all of the following reasons that apply:

- ☐ Loss of housing
- ☐ Economic situation
- ☐ Temporarily waiting for house or apartment
- ☐ Provide care for a family member
- ☐ Living with boyfriend/girlfriend
- ☐ Loss of employment
- ☐ Parent/Guardian is deployed
- ☐ Other (Please explain)

Are you a child or youth living apart from your parents or guardians?

Yes

No



Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at **870-673-8701**, or the State Coordinator at 501-683-5428.

Arkansas law provides that anyone who knowingly gives a false residential address for purposes of public school enrollment is guilty of a violation and subject to a fine of up to \$1,000 (Ark. Code Ann. § 6-18-202(f)).

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Katie Henderson

Signature of McKinney-Vento Liaison

July 1, 2026

Date



Services for McKinney-Vento Identified Students

Student: _____

School: _____

Grade _____

Please check the services needed or desired:

☐ Early Head Start or Head Start

☐ Transportation to the school of origin

☐ Clothing/Uniform

☐ School supplies

☐ Counseling

☐ Medical/dental referral

☐ Vision referral

☐ Medicaid/DSHS services – food stamps

☐ Preschool Enrollment records

☐ Missing enrollment records

☐ Birth certificate

☐ Immunization/medical records

☐ Tutoring

☐ After-school programs

☐ Teen Center

☐ Mentoring

☐ Special Education

☐ Gifted/talented

☐ Vocational/technical

☐ Community resource

☐ Prior academic records

☐ LEP/Bilingual program

☐ Guardianship issues

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

Arkansas Department of Education
Please complete the following survey and return to your child's school.
DIGITAL EQUITY SURVEY

STUDENT NAME _____ GRADE _____

1. Does this child have Internet Access at home? _____ YES _____ NO
2. If there is no Internet Access, what is the reason this child does not have Internet Access?
- _____ Not Available
_____ Not Affordable
_____ Other
_____ NA-Not Applicable
3. What type of Internet Access does this child have? (Select one of the following)
- | | |
|--------------------------------|----------------|
| _____ Residential Broadband | _____ Dial -up |
| _____ Cellular Network | _____ Other |
| _____ Hotspot | _____ None |
| _____ Community Provided Wi-Fi | _____ Unknown |
| _____ Satellite | |
4. Is the Internet Performance acceptable for learning activities? (Select one of the following)
- _____ **Yes** – experience very few or no interruptions in learning activities.
_____ **Sometimes** – regularly experiences interruptions in learning activities caused by poor internet performance at primary residence.
_____ **No** – unable to complete learning activities due to poor internet performance at primary residence.
5. What type of device does this child use most often to complete learning activities away from school?
- | | |
|------------------------|------------------|
| _____ Desktop Computer | _____ Smartphone |
| _____ Laptop Computer | _____ None |
| _____ Tablet | _____ Other |
| _____ Chromebook | |
6. What is the source of this primary learning device?
- _____ District Provided
_____ Personal
_____ Other
7. What is the child's access to this primary learning device? (Select one of the following)
- _____ Shared
_____ Not Shared

ACCEPTANCE OF STUTTGART SCHOOL BOARD POLICY SUMMARIES
2026 - 2027

I acknowledge that I am in receipt of the Stuttgart Parent/Student Handbook, from the Stuttgart School District website, electronically or a paper copy.

Please read the policy summaries below and check the appropriate box.

4.29F - STUDENT INTERNET USE AGREEMENT (summary)

We, the person(s) who have signed below, are in receipt of a copy of the Student Internet Use Agreement and agree to be bound by the terms and conditions of this policy. Use of the Internet is privilege conditional to the student abiding by the agreement. The Student agrees that he/she will use the District's Internet access for educational purposes only.

☐

Agree

☐

Disagree

5.20F1 - PERMISSION TO DISPLAY PHOTO OF STUDENT ON WEB SITE (summary)

We, the person(s) who have signed below, are in receipt of a copy of the Permission to Display Photo of Student on Web Site and grant permission to the Stuttgart School District to display photographs or video clips of my student (under the age of 18) on the District's website, other District publications, and newspaper.

☐

Agree

☐

Disagree

The acceptance of the above policies will remain in effect until I am provided notice of policy changes or I withdraw my agreement in writing.

Name of Student (Printed)

Signature of Parent/Guardian

Date



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:	
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.	All parents have the right to information about their child's education in a language they understand. 1. a) In what language do you prefer to receive written communication from the school? _____ b) In what language would you prefer to communicate with school staff when speaking? _____		
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.	2. What language(s) is (are) spoken in your home? _____ 3. What language did your child learn first? _____ 4. What language does your child use most often at home? _____ 5. What language does your family speak most often at home? _____ 6. What language do adults speak most often with each other at home? _____		
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>	7. Where was your child born? _____ 8. When did your child first attend a school in the United States (the 50 states, DC)? (Kindergarten – 12 th grade) _____ Month Day Year 9. Has your child attended a school in Puerto Rico? _____		

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. "Arkansas Department of Education (ADE), Home Language Survey" is licensed under CC BY by the English Learners Unit of the Arkansas Department of Education.

Employment Survey

TITLE I, PART C of ESEA

District: _____

Your child may qualify to receive: free school supplies, free school meals, free books, free high school credits through correspondence, college scholarships, a free year of college at selected sites, limited health services.

Su hijo puede calificar para recibir: útiles escolares gratis, comida en la escuela gratis, libros gratis, créditos para la secundaria por correspondencia gratis, becas para la Universidad, un año de Universidad gratis en sitios seleccionados, servicios de salud limitados.

Parent Information (Información de los Padres)

Parent Name (Nombre de padres) _____

Contact Number (Teléfono de contacto) _____

Physical Address (Dirección física) _____

City (Ciudad) _____

Relocation History

Please Answer	Yes	No
In the last 3 years (including summer), did you or a family member move, travel, leave home, or go stay for more than a week to look for or work in agriculture or fishing work? (See list below)		

Moved from: _____

Historial de Reubicación

Por Favor, Responda	Sí	No
En los últimos 3 años (incluyendo el verano), ¿usted o un miembro de su familia se mudó, viajó, se fue de su casa o se fue a vivir durante más de una semana para buscar o trabajar en la agricultura o el pescado		

De donde se movió: _____

Check ALL that apply

Date

☐ Processing plants (meat, poultry, fruit, dairy, products, vegetables)	_____
☐ Poultry Houses (catching, caring for chickens, turkeys, or picking up eggs)	_____
☐ Caring for Livestock	_____
☐ Nurseries (plants or trees)	_____
☐ Cotton Gin	_____
☐ Farming (planting, fertilizing, harvesting crops, cutting and bailing hay, etc...)	_____
☐ Fish Farms or Processing fish or seafood	_____
☐ Fruit Harvesting (Watermelons, picking berries)	_____
☐ Timber Work (clearing land, skidding logs, planting, thinning or harvesting trees)	_____
☐ Wood Processing (sorting, trimming, splitting logs, cutting lumber ie: pallet, chip, or sawmills)	_____
☐ Other _____	_____

Marque todo lo que aplique

Fecha

☐ Procesadoras (carne, frutas, verduras, aves de corral, productos lácteos, o el pescado)	_____
☐ Granjas Avícolas (agarrando, criando pollos, levantando huevo)	_____
☐ Cuidando Ganado	_____
☐ Agricultura (plantando, cosechando cultivos, cortando y empacando paja etc...)	_____
☐ Viveros (plantas o árboles)	_____
☐ Pisca de algodón	_____
☐ Graneros o compañías de semilla	_____
☐ Cosecha de fruta (sandía or recogiendo uvas)	_____
☐ Industria de la Madera (limpiar la tierra, sembrar o cortar arboles, o rociar con herbicidas/pest.)	_____
☐ Procesamiento de madera (clasificando, podando, corte de troncos, corte de madera, es decir: paletas de madera, astillando madera, aserraderos)	_____
☐ Otra agricultura _____	_____

List all children in the household under 22 (Escriba los nombres de todos los niños menores de 22 años)

Name/Nombre	Age/Edad	Name/Nombre	Age/Edad
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent Signature _____

For more information, contact: Carmen Lambert or Lily Farfan at (501) 724-6227

