Auburn Public Schools
New Student Enrollment/Emergency Form

Enrollment Date: _____
Start Date: _____

Student Last Name: _____ First:_____ Middle: _____

Social Security: _____ Birthdate: _____ Birthplace: _____ *(optional)*

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone_____ School District of Residence:_____

Grade Level *(circle)*: Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12 **Gender** *(circle):* M / F

What language did the student first learn to speak? _____

What language is spoken most often by the student? _____

What language does the student most frequently use at home? _____

Is this student Hispanic/Latino? (Choose only one)

- ☐ **No, not Hispanic/Latino**
- ☐ **Yes, Hispanic/Latino** *(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)*

What is the student's race? (Choose one or more)

- ☐ **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 peoples of the 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, the Middle East, or North Africa.)*

Mother: _____ Home Phone: _____ Cell: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Employer Phone: _____

Father: _____ Home Phone: _____ Cell: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Employer Phone: _____

With whom does the student reside: _____

Non-Custodial Parent to Receive School Mailings

Name: _____ Home Phone: _____ Cell: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Relationship: _____

Previous School Information

School Name: _____ Grade: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Does your child require any special services? *(check all that apply):* ___ Speech ___ Title Math/Reading
___ Special Education ___ Other *(please specify)*: _____

Emergency Contact Information

In case of illness or injury office personnel will first try to reach parents. If a parent cannot be reached, the office will try the emergency numbers listed below. It is the responsibility of the person contacted to inform parents that the child is in their care. **MUST BE LOCAL**

1. _____ Relationship: _____ Phone: _____
2. _____ Relationship: _____ Phone: _____
3. _____ Relationship: _____ Phone: _____

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Health History for Permanent Health Record

If moving in from out of state; Nebraska law requires the student to get a physical and visual evaluation.

Pertinent medical information may be shared with staff members that work with my child: Yes ___ No ___

What illnesses, injuries, and operations has your child had? Include childhood diseases and allergies.
Please note age or date.

Appendicitis	_____	Asthma	_____	Bronchitis	_____
Convulsions	_____	Diabetes	_____	Pneumonia	_____
Eczema	_____	Ear infections	_____	Epilepsy	_____
Fainting	_____	Frequent headaches	_____	Stomach ulcers	_____
Heart	_____	Hepatitis	_____	Chicken pox	_____
Whooping cough	_____	Hypertension	_____		
Allergies	_____				
Other	_____				

Does the student:

Have any restrictions on physical activity? Yes ___ No ___ If yes please explain: _____

_____

Wear glasses _____ Wear contacts _____ Have hearing problems _____ Have an inhaler at school _____

Take any medication regularly? Yes ___ No ___ If yes, what/why: _____

_____

Family physician: _____ Family dentist: _____

Medications

Any prescription medication your child may need to take at school must be sent in the original prescription bottle, accompanied by a note signed by the parent stating what is to be given, amount to be given, times to be given, and the reason the medication is to be given. **Medications will not be given without the above information**. The over the counter medications District #29 will have available are Regular Tylenol, Motrin, Tums, Callergy lotion, cough drops, antibiotic cream (or any of its equivalents).

Tylenol	Yes ___	No ___	Ibuprofen	Yes ___	No ___
Antibiotic cream	Yes ___	No ___	Cough drops	Yes ___	No ___
Tums	Yes ___	No ___	Anbesol	Yes ___	No ___
Callergy	Yes ___	No ___	Sting relief insect wipes	Yes ___	No ___

_____ _____

Parent/Guardian Signature *Date*

Permission to be Photographed

I give permission for my child to be photographed, recorded, or digitally taped while participating in school-related activities. The images may be used in news articles, on the school website, or in other District #29 publications.

Yes ___ No ___

_____ _____

Parent/Guardian Signature *Date*

Pre-K Only

Family may qualify for a tuition waiver based on:
- Child's **VERIFIED DISABILITY**
- Child's **VERIFIED PREMATURE BIRTH** (36 weeks gestation or less)
- Mother's **VERIFIED TEEN STATUS** (age 19 or less) at time of birth
- Family **VERIFIED FREE/REDUCED LUNCH** status

NOTE: Submitting this form DOES NOT guarantee preschool enrollment.
Parents of children accepted to the program will be notified by mail at a later date.