



School District 145 – Eagle Early Childhood (EEC) New Student Application Form

Please complete front and back.

Student Name (Last, First, Middle)			
Street Address			
Mailing Address			
Gender	Check One	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth (MM/DD/YYYY)			
My child was born	<input type="checkbox"/> Full Term Baby (37 weeks or more gestation) <input type="checkbox"/> Premature (before 37 weeks gestation)		
Birth Weight	Did your child weigh less than 5 pounds at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone [^] (####-####-####)			
Desired Start Date/Preferred Section (Note: we will try our best to honor requests)	Date:	<input type="checkbox"/> M-F 8:15am-11:15am <input type="checkbox"/> M-F 12:00pm-3:00pm	
Ethnic Origin	Check all that apply	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian <input type="checkbox"/> White
Is the student Hispanic or Latino?	Check One	<input type="checkbox"/> Yes	<input type="checkbox"/> No
With whom does student reside?			
Who has custody of student?	If the student does not live with the parent(s) and parent(s) are not deceased, a copy of the guardianship document MUST be attached to this form.		
Is there someone who should NOT pick up your student from school?	If there is any court document limiting who may visit the student at school or have access to student's records, a copy of said document MUST be attached to this form.		

Parent/Guardian Information

Father (Name)		Mother (Name)	
Employer		Employer	
Day Phone (###-###-####)		Day Phone (###-###-####)	
Cell Phone* [^] (###-###-####)		Cell Phone* [^] (###-###-####)	
Email Address		Email Address	
Race	Check all that apply <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White	Race	Check all that apply <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White

*Cell phone numbers are automatically added to the district alert system. Although we have your cellular number on file in the system, federal communications regulations require that the device owner complete an opt-in process to receive text messages. To opt-in and receive messages:

- From the mobile device, scan the QR code at the right of this box with a QR code reader and send the opt-in text.

OR

- From the mobile device, text the letter "Y" to 68453
- You should receive a confirmation text indicating you are registered

Visit <http://www.district145.org/alerts> for more information



[^]I give permission to be called using automatic dialing equipment for district alerts at these phone numbers.

2nd Parent Information (We are legally obligated to inform all custodial parents who have educational rights.)

Second Parent Name	
Second Parent Mailing Address	

Step-Parent #1		Step-Parent #2	
Day Phone (###-###-####)		Day Phone (###-###-####)	
Cell Phone (###-###-####)		Cell Phone (###-###-####)	

Emergency Contact Information

The following information is required in case your child becomes ill or injured at school or in the event of an emergency and you cannot be reached. Please list two adults who can act in your absence to assume responsibility for your child.

Contact 1 (Relation to student)		Contact 2 (Relation to Student)	
Phone (###-###-####)		Phone (###-###-####)	

Medical Information and Considerations

Doctor / Telephone	
Dentist / Telephone	
Medical Problems & Considerations	
Allergies	
Medications Given at Home	
Medications Given at School	

Nebraska Statue requires all students to be immunized with DTP, MMR, Polio and Hep. B vaccines at the time of enrollment. Also required at time of enrollment is a physical for students entering kindergarten, seventh grade, and out-of-state transfers. Also required is an original birth certificate from the Bureau of Vital Statistics for all students entering kindergarten, transfers, and out-of-state students. The office will make a copy of the original birth certificate to have on file.

School officials are obligated to keep on file current immunization records for each student, including the month and year of each dose given, or a written statement from the parent/guardian refusing the immunization process. If records from the previous school do not include this information, please be prepared to provide such information to the school officials at the time of registration.

Is the student a Ward of the Court?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide Caseworker name and phone number _____
Does student currently participate in the Federal Free/Reduced Lunch Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you speak a language other than English in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what language? _____
Is the student an Immigrant?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how long has student been in the country? _____
Has this student been receiving Special Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about your child's development (if yes, please describe)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has our child previously been enrolled in a preschool program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where and when? _____
Transportation Method	<input type="checkbox"/> Rural Bus <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Walk <input type="checkbox"/> Cross Town Bus

Please list all students residing within your household (ages 0-21). This helps us project future enrollment.

Name	Gender	Grade	Relationship	Date of Birth

Notice of Non-Discrimination

School District 145 does not discriminate on the basis of sex, disability, race, color, religion, veteran status, national or ethnic origin, marital status, pregnancy, childbirth or related medical condition, or other protected status, or other protected status in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The Director of Special Education/Student Services Coordinator has been designated to handle inquiries regarding the non-discrimination policies, including Federal Title IX and Section 504 compliance procedures, for students, employees and others:

Delanie McMillan, 14511 Heywood Street, P.O. Box 426, Waverly, NE 68462 (402) 786-2321.

For further information about anti-discrimination laws and regulations, or to file a complaint of discrimination with the Office for Civil Rights in the U.S. Department of Education (OCR), please contact the OCR at 601 East 12th Street, Room 353, Kansas City, MO 64106, (800) 368-1019 (voice), Fax (816) 426-3686, (800) 537-7697 (telecommunications device for the deaf), or ocr.kansascity@ed.gov

Parents/Guardians: Your signature verifies the accuracy of this information and authorizes its use by School District 145 and its personnel for internal purposes. I have examined, read and agree to all information and statements on this document. My signature below acknowledges my agreement to the accuracy of information provided.

Signature: _____ Dated: _____

To be completed by School Personnel

Copy of Immunization Records: Yes No

Copy of Birth Certificate: Yes No

Received by: _____ Date: _____