

ROCK COUNTY PUBLIC SCHOOLS

PRESCHOOL ENROLLMENT APPLICATION

Date of Application: _____

School Year of Application: _____

Student's Legal Full Name: _____, _____, _____

Last

First

Middle

Gender: M ___ F ___ Date of Birth: ___/___/___

Race: White ___ African-American ___ Hispanic ___ Native American ___ Asian/Pacific Islander ___

Has student ever attended a Nebraska public school? ___ Y ___ N

Sibling(s) currently attending the RCPS: 1) _____ 2) _____ 3) _____

District child/children reside in: _____

Mailing Address _____ City: _____ State: _____ Zip: _____

Home Phone: _____ County of Residence: _____

Any Special Services student receives:

Custodial Parent/Guardian Full Names: _____

Custody: Both Parents ___ Mother ___ Father ___ Guardian ___

Student Lives with: _____ *If the family has a domestic relations order governing custody or care of the child, we must have a copy of this order or parenting plan. If for any reason the non-custodial parent is not allowed visitation rights and does not have the right to remove the student from school, we must have a legal document from the custodial parent to support this order.*

Father's Work Place: _____ Phone: _____

Mother's Work Place: _____ Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Email Address: _____ (please fill out to receive PowerSchool emails)

TURN OVER AND FILL OUT THE BACK SIDE

EMERGENCY MEDICAL CONDITIONS/PROBLEMS OF STUDENT: (check all that apply)

Nothing known Medical Waiver Rheumatic Cardiac Hemophiliac
 Diabetic Aspirin Allergy Penicillin Allergy Iodine Allergy Epileptic Latex Allergy
 Contact Lenses Spec. Blood Cond. Sulfa Allergy Hearing Impair Bee Sting
 Asthma Vision Impair Misc. Allergies Other-List _____

Medication Currently Taken

(name): _____

PERSON TO CALL IF PARENT/GUARDIAN CANNOT BE REACHED:

Name/Relationship _____ Phone # _____

Name/Relationship _____ Phone# _____

Name/Relationship _____ Phone# _____

Permission is given for my child to attend any school related field trip.

Parent/Guardian Signature: _____ Date: _____