

Student Number \_\_\_\_\_  
Enrollment Date \_\_\_\_\_

### NEBRASKA CITY PUBLIC SCHOOLS NEW STUDENT ENROLLMENT

Student Legal Name \_\_\_\_\_ Grade \_\_\_\_\_ Gender M F  
Last Name First Name MI

Preferred Name \_\_\_\_\_ Graduation Year: 20\_\_\_\_/\_\_\_\_/\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Enrolled From \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Previous School Name and City, State) (City, State)

Attended school at NCPS before? Yes / No If Yes, what grade/year last attended: \_\_\_\_\_

Primary Language Spoken in Home \_\_\_\_\_

ETHNICITY: Is this student of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race?  No, not Hispanic/Latino  Yes, Hispanic/Latino

RACE (Check one or more):  Asian  Native Hawaiian/Pacific Islander  White  
 American Indian/Alaska Native (North, Central, & South America)  Black/African American

Primary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physical (Home) Address \_\_\_\_\_  
Street City, State ZIP Code

Mailing Address \_\_\_\_\_  
Street/P.O. Box City, State ZIP Code

Second Mailing (to receive school information) Address \_\_\_\_\_  
Relationship Name Street/P.O. Box City, State ZIP Code

Parent's E-mail Address \_\_\_\_\_  
Father/Stepfather/Guardian email Mother/Stepmother/Guardian email

Father's Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name First Name  
Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name First Name  
Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Legal Parents are:  Married  Separated\*  Divorced\*  Single/Never Married\*  
\* Please provide legal custody documents – see reverse side

StepFather/Guardian's Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name First Name  
Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

StepMother/Guardian's Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name First Name  
Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Child is presently living with (circle): Mother Father Stepmother Stepfather Grandmother Grandfather Guardian

Please check all that pertain to this student:

Special Education/IEP \_\_\_\_\_ Speech Language \_\_\_\_\_ 504 Plan \_\_\_\_\_ Band \_\_\_\_\_  
English Language Learner \_\_\_\_\_ High Ability Learner \_\_\_\_\_ SAT \_\_\_\_\_ Other \_\_\_\_\_

Please list all other children living in your home:

Name	DOB	Grade	Biological Sibling	Half Sibling	Step Sibling	Non-Relative
_____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	_____	_____	_____	_____	_____

List emergency contacts **OTHER THAN PARENTS** (contacts who live in town, please!):

Emergency Contact 1 \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name Relationship to student Type (circle): cell / work / home

Emergency Contact 2 \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name Relationship to student Type (circle): cell / work / home

Emergency Contact 3 \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name Relationship to student Type (circle): cell / work / home

Does anyone other than the natural mother/father have **legal guardianship** or **legal custody\*** papers on this student? Yes or No

If 'yes', please give name and relationship to the student \_\_\_\_\_

**\*Copies of legal papers assigning guardianship must be on file at the school before the school can release information to anyone other than the parents.**

Has a **legal restraint\*\*** been placed on anyone relating to the child? Yes or No

**\*\*Copies of the legal documentation detailing any restraints must be on file at the school before the school can legally follow any restraining order.**

Is the student's parent or guardian a member of the Armed Forces on active duty or on full-time National Guard duty? Yes or No

### Medical Information

Please check all that apply with a **date or age** of student:

Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ If either is checked, fill out Asthma/Allergy Action Plan form (yellow)

If student has an allergy, please list type of allergy \_\_\_\_\_

Diabetes \_\_\_\_\_ Mononucleosis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Tonsillitis \_\_\_\_\_

Seizures \_\_\_\_\_ Draining Ear \_\_\_\_\_ Ear Infections \_\_\_\_\_ Eczema \_\_\_\_\_

Bronchitis \_\_\_\_\_ Heart Problem \_\_\_\_\_

Stomach Problem \_\_\_\_\_ Dietary Restrictions (medical or religious) \_\_\_\_\_

Behavioral/Emotional Concerns \_\_\_\_\_ Wetting/Soiling Pants \_\_\_\_\_

Does your child take any medication on a regular basis? Yes or No

If 'yes', please list name of medication, dosage amount and dosage time:

Will your child need to take medicine at school? Yes or No If yes, complete Medication form.

Please list any injuries, surgeries or permanent disabilities with a date or age of student: \_\_\_\_\_

Does this child have a health condition now under treatment? \_\_\_\_\_

Date of Last Physical \_\_\_\_\_ Date of Last Dental Exam \_\_\_\_\_ Date of Last Eye Exam \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_