

## Nebraska City Public Schools Kindergarten Enrollment

Student's Complete Name (as on Birth Certificate) \_\_\_\_\_ Gender M / F

Preferred Name/Nickname \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Place of Birth \_\_\_\_\_ Primary Language Spoken in Home \_\_\_\_\_  
(City, State)

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

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**Natural Father's Name** \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address (if different) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Natural Mother's Name** \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address (if different) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**StepFather/Guardian's Name** \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**StepMother/Guardian's Name** \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-mail Address** Father/Stepfather/Guardian \_\_\_\_\_

**E-mail Address** Mother/Stepmother/Guardian \_\_\_\_\_

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

Please list all brothers, sisters, step-brothers, and step-sisters (**living at home**):

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

Emergency Information:

**If it is not possible to reach *parents*, please list at least 2 names other than parents whom we may call (that live in town, please!):**

Emergency Contact 1 \_\_\_\_\_  
Name Relationship to student  
Phones: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_  
Name Relationship to student  
Phones: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact 3 \_\_\_\_\_  
Name Relationship to student  
Phones: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Guardianship Information:

Does anyone other than the natural mother and father have **legal guardianship** papers on this child? Yes / No  
If yes, what is the relationship to the child? \_\_\_\_\_

**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.**

Custody Information:

Has **legal custody** of this child been assigned to a particular person(s) or agency? Yes / No  
If yes, what is the relationship to the child? \_\_\_\_\_

Legal Restraint Information:

Has a **legal restraint** been placed on anyone relating to the child? Yes / No  
If yes, who is restrained and what are the conditions of the restraining order? \_\_\_\_\_

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

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Has your child attended a prekindergarten program? Yes / No  
If yes, where? \_\_\_\_\_

Date started prekindergarten or how many years attended? \_\_\_\_\_

To help the teacher know your child please list any hobbies, groups, or activities in which your child participates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Health Record

### Health/Illness History:

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 Problems \_\_\_\_\_

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

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

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

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

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

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

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**Special Education with Current IEP:** Yes / No **Date verified:** \_\_\_\_\_

### Physical Handicaps:

Please **list and explain** any physical handicaps your child may have:

### History of Surgery or Injury:

Please **list, date, and explain** any surgeries and or injuries your child has experienced:

Date of last physical \_\_\_\_\_ Date of last dental exam \_\_\_\_\_ Date of last eye exam \_\_\_\_\_

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