

Nebraska City Public Schools Prekindergarten Application

AM / PM (circle preference)

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

Natural Father's Full Name _____ Cell Phone (____) ____ - ____

Address (if different) _____ Home Phone (____) ____ - ____

Place of Employment _____ Work Phone (____) ____ - ____

Natural Mother's Full 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

Step-Father/Guardian's Name _____ Cell Phone (____) ____ - ____

Place of Employment _____ Work Phone (____) ____ - ____

Step-Mother/Guardian's Name _____ Cell Phone (____) ____ - ____

Place of Employment _____ Work Phone (____) ____ - ____

E-mail Address Father/Stepfather/Guardian _____

E-mail Address Mother/Stepmother/Guardian _____

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 (____) _____ - _____

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? _____

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

Has your child attended another prekindergarten/preschool program? Yes / No

If yes, where? _____

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

Health Record

Birth Weight ___ lbs ___ oz Premature Birth < 37 weeks [] Full-term Pregnancy 37-40 weeks []

Special Education with Current IEP: Yes / No Date verified: _____

Health/Illness History:

Allergies ___ Asthma ___ If either is checked, fill out the Asthma/Allergy Action Plan form (yellow)
If student has an allergy, please list type of allergy _____

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

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 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, complete Medication form.

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 _____

Parent/Guardian Signature: _____ Date: _____