



# STERLING PUBLIC SCHOOLS 033 - NEW STUDENT REGISTRATION FORM

|  |   |                       |                                 |
|--|---|-----------------------|---------------------------------|
| <b>Student Name</b><br>(First, Middle, Last)   |   |                       |                                 |
| <b>Street Address/City/State/Zip</b>   |   |                       |                                 |
| <b>Mailing Address/City/State/Zip</b>  |   |                       |                                 |
| <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  | <b>Date of Birth (MM/DD/YYYY)</b>   |                       |                                 |
| <b>Grade Entering</b>  | <b>Transportation Method</b>  | Bus - Route Requested | Private Vehicle      Walk       |
| <b>Ethnic Origin</b>   | Check all that apply <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American <input type="checkbox"/> White |                       |                                 |
| <b>Is the student Hispanic or Latino?</b>  | Check One <input type="checkbox"/> Yes <input type="checkbox"/> No  |                       |                                 |
| <b>With whom does student reside?</b><br><small>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.</small>   |   |                       |                                 |
| <b>Who has custody of student?</b>   |   |                       |                                 |
| <b>Parents active military?</b>  | Check One <input type="checkbox"/> Yes ( <input type="checkbox"/> Mother <input type="checkbox"/> Father) <input type="checkbox"/> No   |                       |                                 |
| <b>Is there someone who should NOT pick up your student from school?</b><br><small>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.</small> |   |                       |                                 |
| <b>Last school attended</b>  |   |                       |                                 |
| <b>Address / City / State / Zip</b>  |   |                       |                                 |
| Has the student attended Sterling Public Schools District before?  | Yes   | No                    | Is the student a single parent? |
| Is the student a Ward of the Court?<br><i>If Yes, provide Caseworker name and phone number.</i>  | Yes   | No                    | Yes      No                     |
| Does student currently participate in the Federal Free/Reduced Meal Program?   | Yes   | No                    | Yes      No                     |
| What language did the student first learn to speak?  | What language is spoken most often by student?  |                       |                                 |
| What language is primarily used in the student's home regardless of the language spoken by the student?  | Is the student an Immigrant?      Yes      No<br><i>If Yes, how long has student been in the country?</i>   |                       |                                 |
| Has student participated in an English Language Learner/English as a Second Language program?<br>Yes      No   | Has student been on a 504 Plan?      Yes      No  |                       |                                 |
| Has a Special Education evaluation been done previously?   | Yes   | No                    | Date:      Grade:               |
| Has this student been receiving Special Education / Title Services?  | Yes   | No                    |                                 |
| Has the student been retained?   | Yes   | No                    | If yes, what grade(s):          |
| Has this student ever been expelled from school?<br><i>If Yes, when and reasons:</i>   | Yes   | No                    |                                 |
| Does the student live outside of the Sterling School District?<br><i>If Yes, what is your home district?</i> Additional paperwork will be required. Please see our website at <a href="http://www.sterlingjets.org">www.sterlingjets.org</a> for this paperwork.   | Yes   | No                    |                                 |

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.

### Please list names of other children in household

| Name | Gender | Grade | Relationship | Date of Birth |
|------|--------|-------|--------------|---------------|
|      |        |       |              |               |
|      |        |       |              |               |
|      |        |       |              |               |
|      |        |       |              |               |

Please double check that all information has been provided.

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**Contact Information** Check the grey box by the phone numbers to indicate which number should receive automatic calling/text alerts, also specify whether mobile, home, or work. Make sure the appropriate flags are marked for each contact by checking the grey boxes.

|                          |  |                                      |  |
|--------------------------|--|--------------------------------------|--|
| <b>1 Name:</b>           |  | <b>Relationship to Student:</b>      |  |
| Phone Numbers:           |  | Employer:                            |  |
| <input type="checkbox"/> |  | mobile, home, work                   | Email Address:                         |
| <input type="checkbox"/> |  | mobile, home, work                   | Mailing Address:                       |
| <input type="checkbox"/> |  | mobile, home, work                   | Physical Address:                      |
| <b>Flags:</b>            | <input type="checkbox"/> Custody           | <input type="checkbox"/> Lives With  | <input type="checkbox"/> School Pickup |
|                          | <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Data Access | <input type="checkbox"/> Receives Mail |

|                          |  |                                      |  |
|--------------------------|--|--------------------------------------|--|
| <b>2 Name:</b>           |  | <b>Relationship to Student:</b>      |  |
| Phone Numbers:           |  | Employer:                            |  |
| <input type="checkbox"/> |  | mobile, home, work                   | Email Address:                         |
| <input type="checkbox"/> |  | mobile, home, work                   | Mailing Address:                       |
| <input type="checkbox"/> |  | mobile, home, work                   | Physical Address:                      |
| <b>Flags:</b>            | <input type="checkbox"/> Custody           | <input type="checkbox"/> Lives With  | <input type="checkbox"/> School Pickup |
|                          | <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Data Access | <input type="checkbox"/> Receives Mail |

|                          |  |                                      |  |
|--------------------------|--|--------------------------------------|--|
| <b>3 Name:</b>           |  | <b>Relationship to Student:</b>      |  |
| Phone Numbers:           |  | Employer:                            |  |
| <input type="checkbox"/> |  | mobile, home, work                   | Email Address:                         |
| <input type="checkbox"/> |  | mobile, home, work                   | Mailing Address:                       |
| <input type="checkbox"/> |  | mobile, home, work                   | Physical Address:                      |
| <b>Flags:</b>            | <input type="checkbox"/> Custody           | <input type="checkbox"/> Lives With  | <input type="checkbox"/> School Pickup |
|                          | <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Data Access | <input type="checkbox"/> Receives Mail |

|                          |  |                                      |  |
|--------------------------|--|--------------------------------------|--|
| <b>4 Name:</b>           |  | <b>Relationship to Student:</b>      |  |
| Phone Numbers:           |  | Employer:                            |  |
| <input type="checkbox"/> |  | mobile, home, work                   | Email Address:                         |
| <input type="checkbox"/> |  | mobile, home, work                   | Mailing Address:                       |
| <input type="checkbox"/> |  | mobile, home, work                   | Physical Address:                      |
| <b>Flags:</b>            | <input type="checkbox"/> Custody           | <input type="checkbox"/> Lives With  | <input type="checkbox"/> School Pickup |
|                          | <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Data Access | <input type="checkbox"/> Receives Mail |

The previous information is required in case your child becomes ill or injured at school or in the event of an emergency. If you cannot be reached, contacts will be called in number order. Please list adults who can act in your absence to assume responsibility for your child.

**Medical Information & Considerations**

|                        |  |
|------------------------|--|
| Medical Considerations |  |
| Allergies              |  |

**Notice of Non-Discrimination**

School District 033 does not discriminate on the basis of race, color, national origin, sex, disability, religion, age or other protected status in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The Superintendent of Schools has been designated to handle inquiries regarding the non-discrimination policies, including Title IX and Section 504 compliance procedures for students, employees and others:

Mrs. Dottie Heusman, Superintendent, 250 Main St, PO Box 39, Sterling, NE 68443.

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 8930 Ward Parkway, Suite 2037, Kansas City, MO 64114, (816) 268-0550 (voice), or (877) 521-2172 (telecommunications device for the deaf), or [ocr.kansascity@ed.gov](mailto:ocr.kansascity@ed.gov).

The Complaint Form can be found on the district website at [www.sterlingjets.org](http://www.sterlingjets.org). Click on the Quick Links Tab, Click on Notice of Non-Discrimination.

|   |             |
|---|-------------|
| <p>Parents/Guardians: Your signature verifies the accuracy of this information and authorizes its use by Sterling Public Schools 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.</p> |             |
| Signature: _____  | Date: _____ |