

Sterling Public Schools - PRESCHOOL - New Child Application Form



Please complete front and back.

Child's Name (Last, First, Middle)		
Street Address		
Mailing Address		
Gender	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (MM/DD/YYYY)		
My child was born	<input type="checkbox"/> Full Term Baby (37 weeks or more gestation) <input type="checkbox"/> Premature (before 37 weeks gestation)	
Birth Weight	Did your child weigh less than 5 pounds at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone (### - ### - ####)		
Desired Start Date	Date:	The preschool is an all day program. If you want other options, let us know.
Ethnic Origin	Check all that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
Is the child Hispanic or Latino?	Check One <input type="checkbox"/> Yes <input type="checkbox"/> No	
With whom does the child reside?		
Who has custody of the child?		
If the child 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.		
Is there someone who should NOT pick up your child from school?		
If there is any court document limiting who may visit the child at school or have access to the child's records, a copy of said document MUST be attached to this form.		
Resident School District?		

Parent/Guardian Information

Father (Name)		Mother (Name)	
Employer		Employer	
Day Phone (###-###-####)		Day Phone (###-###-####)	
Cell Phone (###-###-####)		Cell Phone (###-###-####)	
Email Address		Email Address	
Race	Check all that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White	Race	Check all that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White

2nd Parent Information (We are legally obligated to inform all custodial parents who have educational rights.)

Second Parent Name			
Second Parent Mailing Address			
Step-Parent #1		Step-Parent #2	
Day Phone (###-###-####)		Day Phone (###-###-####)	
Cell Phone (###-###-####)		Cell Phone (###-###-####)	

Emergency Contact Information The following information is required in case your child becomes ill or injured at school or in the event of an emergency and you cannot be reached. Please list two adults (**other than parents/guardians**) who can act in your absence to assume responsibility for your child.

Contact 1 Name & Relation to child		Contact 2 Name & Relation to child	
Phone (###-###-####)		Phone (###-###-####)	

Medical Information and Considerations

Doctor / Telephone	
Dentist / Telephone	
Medical Problems & Considerations	
Allergies	
Medications Given at Home	
Medications Given at School	

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 children 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.

Is the child a Ward of the Court?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide Caseworker name and phone number _____
Does the child currently participate in the Federal Free/ Reduced Lunch Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you speak a language other than English in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what language? _____
Is the child an Immigrant?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how long has student been in the country? _____
Has this child been receiving Special Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about your child's development (if yes, please describe)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has our child previously been enrolled in a preschool program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where and when? _____
Transportation Method	<input type="checkbox"/> Rural Bus <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Walk

Please list all children residing within your household (ages 0-21). This helps us project future enrollment.

Name	Gender	Grade	Relationship	Date of Birth

Notice of Non-Discrimination

Sterling Public Schools does not discriminate on the basis of sex, disability, race, color, religion, veteran status, national or ethnic origin, marital status, pregnancy, childbirth or related medical condition, or other protected status, or other protected status in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The Superintendent has been designated to handle inquiries regarding the non-discrimination policies, including Federal Title IX and Section 504 compliance procedures, for students, employees and others:

Dottie Heusman, 250 Main St, Sterling, NE 68443, (402) 866-4761

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 601 East 12th Street, Room 353, Kansas City, MO 64106, (800) 368-1019 (voice), Fax (816) 426-3686, (800) 537-7697 (telecommunications device for the deaf), or ocr.kansascity@ed.gov.

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.

Signature: _____ Date: _____

TO BE COMPLETED BY SCHOOL PERSONNEL

Copy of Immunization Records: Yes No

Copy of Birth Certificate: Yes No

Received by: _____ Date: _____

Revised 2-2018