

Sterling Public Schools - PRESCHOOL - New Child Application Form



PLEASE COMPLETE FRONT AND BACK.

Child's Name (First, Middle, Last)	
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) <input type="checkbox"/> Premature (before 37 weeks)
Birth Weight	Did your child weigh less than 5 pounds at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone (### - ### - #####)	
Day Options	<input type="checkbox"/> Full Day from 8AM-3:37PM <input type="checkbox"/> Half Day from 8AM-12PM
Race <i>Check all that apply</i>	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander
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? <i>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.</i>	
Is there someone who should NOT pick up your child from school? <i>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.</i>	
Resident School District?	

OUT OF DISTRICT FAMILIES ONLY:

Does your child have older siblings that are enrolled in the district you live in? If so, please list them.	
Do you have intentions of enrolling your child in Sterling Public Schools when they meet the age requirements for Kindergarten?	

Parent/Guardian Information

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

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	
Day Phone (###-###-####)	
Cell Phone (###-###-####)	
Step-Parent #2	
Day 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? If Yes, provide Caseworker name and phone number.	<input type="checkbox"/> Yes <input type="checkbox"/> No (###-###-####) _____ Name: _____
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? If Yes, what language?	<input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____
Is the child an Immigrant? If Yes, how long has student been in the country?	<input type="checkbox"/> Yes <input type="checkbox"/> No Length of time: _____
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. Attach extra information if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____
Has our child previously been enrolled in a preschool program? If Yes, where and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____ Year: _____
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

Date: _____ Received by: _____

Revised 6/2023