

Holdrege Public Schools

Student Enrollment Form Revised 9-2018

For office use only

Student Information

First Name	Middle	Last	Preferred Name	Grade
<i>(As appears on birth certificate)</i>		<i>(Nickname)</i>		
Birthdate	Birthplace		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
A Birth Certificate with official seal is required by law for all students entering the Holdrege Public Schools. Students will not be enrolled without immunization record. Proof of Immunization is required at time of enrollment (Nebraska law, LB 79-444).				
Is child a Ward of the State/Court? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this student have a current <input type="checkbox"/> IEP? <input type="checkbox"/> 504 Plan? <i>(please check if applicable)</i>		
Does this student qualify for any of the following services? <i>(please check any that apply)</i>				
<input type="checkbox"/> High Ability Learner <input type="checkbox"/> Title I <input type="checkbox"/> Speech/Language <input type="checkbox"/> Resource <input type="checkbox"/> ELL				
What language did your child first learn to speak?		What language is spoken most often by your child?		
What language is primarily used in the student's home regardless of the language spoken by the student?				

Parent/Guardian Information

Contact: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Contact: <input type="checkbox"/> 1 <input type="checkbox"/> 2
Name	Name
Address	Address
City	City
State	State
Zip	Zip
Work Place	Work Place
Work Phone	Work Phone
Home Phone	Home Phone
Cell Phone	Cell Phone
Email	Email
Relationship to student	Relationship to student
Student lives with	

Local Emergency Contact Information *In case of emergency or early dismissal and parent/guardian cannot be reached.*

Name	Name
Address	Address
City	City
State	State
Zip	Zip
Work Place	Work Place
Work Phone	Work Phone
Home Phone	Home Phone
Cell Phone	Cell Phone
Email	Email
Relationship to student	Relationship to student

Student Name *(please print clearly)*

Please answer both (Part 1 and Part 2) and sign below:

PART 1 – Ethnicity

Are you Hispanic or Latino? *(you are required to check one)*

- Yes** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- No**

PART 2 - Race

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) race to be. *(you are required to check one or more)*

- American Indian/Alaskan Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

I verify the accuracy of this information.

I refuse to designate race and understand that an observer will make that determination.

Signature of Parent/Guardian or Student Date

Observer verified.

Signature of Observer Date

Children not being enrolled in Holdrege Public Schools under age 21:

First Name	Middle	Last	Mother's Name
<i>(As appears on birth certificate)</i>			
Date of Birth	Birthplace	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Father's Name
Ethnicity <i>(please check one or more)</i>	Is child Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Does this child have a current	<input type="checkbox"/> IFSP? <i>(please check if applicable)</i>		

First Name	Middle	Last	Mother's Name
<i>(As appears on birth certificate)</i>			
Date of Birth	Birthplace	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Father's Name
Ethnicity <i>(please check one or more)</i>	Is child Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Does this child have a current	<input type="checkbox"/> IFSP? <i>(please check if applicable)</i>		