

Holdrege Public Schools
Student Enrollment Form Revised 1-7-2013

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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 is the first language of the student?		What language or languages does your child speak?		
What language is used most often in the home?		In what language would you prefer to communicate with the school?		

Parent/Guardian Information

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

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

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

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

Name				
Address				
City	State	Zip		
Work Place				
Work Phone	Home Phone			
Cell Phone	Email			
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>		