



# School District #145 New Student Registration Form

This form needs to be completed prior to your appointment. Please complete front and back. This form must be signed. Please include all paperwork needed.

Student Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  Male  Female

Is the student Hispanic or Latino?  Yes  No

Ethnic Origin: (check all that apply)  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian /Other Pacific Islander  White

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

With whom does child reside? \_\_\_\_\_ Who has custody? \_\_\_\_\_

**If the student does not live with 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 at school? \_\_\_\_\_

**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.**

Father: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian E-mail: \_\_\_\_\_

Step Parent: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Step Parent: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Second Parent Mailing Name: \_\_\_\_\_

Second Parent Mailing Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies and / or Specific Health Considerations: \_\_\_\_\_

In an EMERGENCY situation when we cannot reach a parent/guardian at home or work, please list three people who have agreed to take responsibility for your child and consented to the release of their phone numbers so we may reach them as an alternative.

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**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.**

- 1. Last school attended: \_\_\_\_\_  
Address: \_\_\_\_\_ City / State / Zip \_\_\_\_\_
- 2. Has the student attended School District 145 before?  Yes  No
- 3. Is the student a ward of the court?  Yes  No  
If yes, Caseworker Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 4. Does student currently participate in the Federal Free/Reduced Lunch Program?  Yes  No
- 5. Is the student a single parent?  Yes  No
- 6. Does the student live outside of School District 145?  Yes  No  
If yes, what is your home district? \_\_\_\_\_  
Additional paperwork will be required. Please see our website at [www.dist.145schools.org](http://www.dist.145schools.org) for this paperwork.
- 7. Do you speak a language other than English in the home?  Yes  No  
If yes, what language? \_\_\_\_\_
- 8. Is the student an Immigrant?  Yes  No  
If yes, how long has student been in the country? \_\_\_\_\_
- 9. Has student participated in an English Language Learner / English as a Second Language program?  Yes  No
- 10. Has this student been receiving Special Education / Title Services?  Yes  No
- 11. Has student been on a 504 Plan at school?  Yes  No
- 12. Has this student ever been expelled from school?  Yes  No  
If yes, when and reasons: \_\_\_\_\_  
\_\_\_\_\_

13. Transportation:  Rural Bus  Private Vehicle  Walk  Cross Town Bus

Please list names of other children in household under 21 years of age:

Name	Gender	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by School Personnel**

Copy of Immunization Records:  Yes  No Copy of Birth Certificate:  Yes  No Physical:  Yes  No

Records Received: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_