

ASHLAND-GREENWOOD PUBLIC SCHOOLS
Student Admission Checklist

NAME OF STUDENT SEEKING ADMISSION: _____

NOTE TO PARENTS SEEKING TO ENROLL NEW STUDENTS: This checklist summarizes the various requirements of Ashland-Greenwood Board of Education policy and Nebraska law regarding the enrollment of new students. Providing evidence of meeting all items on the checklist is a prerequisite to full enrollment with class attendance privileges.

Residency

If a student lives within the physical borders of the Ashland-Greenwood school district, he or she is eligible to enroll. Students not residing within the district may be eligible to enroll provided other requirements are met; those requirements will be addressed on a case by case basis.

Age

Students shall not be admitted to kindergarten unless they have reached or will reach the age of five on or before July 31 of the current school year. Upon reaching age 21, students are no longer eligible for continued attendance privileges.

Not Currently Expelled

Students currently expelled from another school district will not be enrolled until such time as the expulsion period enacted by the previous school has expired.

Admission Information Forms

The "Admission Information Form" (included in this packet) and the "Statement of Person in Legal or Actual Charge of a Child" form (included in this packet) must be completed and signed as indicated.

Birth Certificate, Immunization, Physical Examination, and Visual Evaluation Requirements

Nebraska law requires that the parents or legal guardian furnish the following documents to the school:

- a) A certified copy of the student's birth certificate issued by the state in which the child was born, prior to admission of a child for the first time. Other reliable proof of the child's identify and age, accompanied by an affidavit explaining the inability to produce a copy of the birth certificate, may be used in lieu of a birth certificate. An affidavit is defined as a notarized statement by an individual who can verify the reason a copy of the birth certificate cannot be produced.
- b) Evidence of a physical examination by a physician, physician assistant, or an advanced practice registered nurse, within six months prior to the entrance of the child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade, unless the parent or legal guardian submits a written statement objecting to a physical examination.
- c) Evidence of a visual evaluation by a physician, a physician assistant, an advanced practice registered nurse, or an optometrist, within six months prior to the entrance of the child into the beginner grade or, in the case of a transfer from out of state, to any other grade, unless the parent or legal guardian submits a written statement objecting to a visual evaluation. The visual evaluation is to consist of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity.
- d) Evidence of protection against diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella, Hepatitis B, Varicella (chicken pox) and Haemophilus Influenzae type b (Hib) and other diseases as required by applicable law, by immunization, prior to enrollment. Exceptions are allowed based on: (1) written statement by health care provider that immunization would be injurious to the student or a family member or (2) affidavit of a religious reason for non-immunization. Provisional enrollment is allowed based on: (1) written statement of health care provider that immunizations have begun, and immunization is continued as rapidly as medically feasible and (2) written statement of parent or guardian that immunizations have been completed, where the child's parent is in the military, the child is enrolling following residence outside the state, and proof of immunization is given within 60 days. Refer to HHS regulations, 173 NAC 3. Forms to submit objections are available from the school.

The following information is provided to assist a parent or guardian in receiving information regarding free or reduced-cost visual evaluations for low-income families who qualify: Information about free or reduced-cost visual evaluations may be obtained from the Nebraska Optometric Association (NOA), <http://www.noaonline.org/>, 201 North 8th Street, Suite 400 P.O. Box 81706, Lincoln, NE 68501--Fax 402-476-6547--Phone 402-474-7716. To identify a participating SEE TO LEARN doctor nearest you, call 1-800-960-3937. For assistance from VISION USA call 1-800-766-4466. In addition, Lions Clubs throughout Nebraska are committed to assisting disadvantaged families by sponsoring eye exams and eyewear. NOA member doctors will provide eye exams at no cost if no other resources are available.

ASHLAND-GREENWOOD PUBLIC SCHOOLS
Statement of Person in Legal or Actual Charge or Control of a Child
Submitted for Purposes of School Enrollment

The undersigned states that I am an adult in legal or actual charge or control of _____, a child
(child's name)

who resides in this school district at _____.
(child's address)

- I state that I am the child's parent, or
- I state that I have been entrusted with, or assumed, day-to-day care and full-time supervision of, and responsibility for, the child and have been given the authority to act as parent or guardian in educational matters as established by (check all that apply):
 - a court or testamentary appointment as a legal guardian (attach copy), and/or
 - a power of attorney delegating such parental powers (attach copy), and/or
 - through an in loco parentis designation by a parent in which I have been authorized to stand in the place of the parent in caring for and raising the child (attach any written documentation of such designation), and/or
 - through any contract or judicial or administrative proceeding placing the child in such a living arrangement (attach copy of such documents), and/or
 - through some other set of circumstances (please explain on a separate sheet).

I understand that I may be requested to provide additional information regarding this child. The names and current or last known address of his or her parents are:

I understand that I will be responsible for, and will be expected to make, decisions regarding education (including, but not limited to, records, discipline, and special education unless otherwise provided under special education laws and regulations), emergency medical care, and other matters for this child while in legal or actual charge or control of this child, and I state that I have the authority to take such responsibility and to make such decisions and to so act. I also understand that I will have responsibilities under the state truancy laws to cause this child to attend school.

 Signature of Adult in Legal or Actual Charge or Control

Date: _____

 Home Address of Adult in Legal or Actual Charge or Control

Home Phone: _____

 Daytime Work Address

Daytime Work Phone: _____

NOTE: Section 79-215 R.R.S. provides that if the student is homeless or if the adult does not have phone number and address where he or she may generally be reached during the school day, those parts of the form may be left blank and a box may be marked acknowledging that these are the reasons these parts of the form were left blank. The adult with legal or actual charge or control of the student shall also sign the form.

- This child is homeless, which is the reason the items were left blank.
- This adult does not have a phone number or address where they may generally be reached during the school day.

**ASHLAND-GREENWOOD PUBLIC SCHOOLS
ADMISSION / ENROLLMENT INFORMATION FORM**

STUDENT INFORMATION

STUDENT NAME: _____ **GRADE:** _____ **GENDER:** ___Female ___Male
Last First Middle Initial

DOB: _____ **PHYSICAL ADDRESS:** _____

Is the student Hispanic/Latino? ___ Yes ___ No **MAILING ADDRESS:** _____

Race: (choose all that may apply) **CITY/STATE:** _____ **ZIP:** _____

___ American Indian or Alaska Native

___ Asian

___ Black or African American

___ Native Hawaiian or Other Pacific Islander

___ White

COUNTY: _____

PHONE NUMBER: _____

FAMILY INFORMATION

Father's Name: _____ **Employer:** _____ **Work Phone:** _____

Mother's Name: _____ **Employer:** _____ **Work Phone:** _____

Guardian's Name: _____ **Employer:** _____ **Work Phone:** _____

(if applicable)

Is the child a ward of the State? ___ Yes ___ No

Is the child a dependent of a member of the Active Duty Forces (full-time)? ___ Yes ___ No

(Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard or Reserve Forces)

With Whom Does the Student Live? (check all that apply): ___ Father ___ Mother ___ Guardian ___ Other (specify) _____

NOTE: If the student is not living with a parent, the "Statement of Person in Legal or Actual Charge or Control of a Child" form must be completed.

Parent/Guardian email(s): _____

EMERGENCY CONTACT INFORMATION

DIRECTIONS:

Please provide the information requested below by listing contacts in the order they should be called in the event parents cannot be reached.

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

EDUCATIONAL & MEDICAL INFORMATION

VISION (check if applicable)

- Wears glasses To be worn at all times
- Wears contacts To be worn at all times
- Requires preferential seating

HEARING (check if applicable)

- Has a hearing problem
- Has tubes in ears
- Uses a hearing aid
- Requires Preferential Seating

Comments: _____

Comments: _____

SPECIAL EDUCATION SERVICES PROVIDED? YES NO

GENERAL HEALTH

1. The following medical conditions exist (please describe): _____

2. The following allergies exist (please list): _____

3. List medications prescribed and indicate if school-time administration is required: _____

NOTE: School-time administration, whether by school staff or self-administration, requires completion of additional authorization forms. Please contact the School Nurse to complete that process.

PAIN RELIEVERS/OTHER NON-PRESCRIPTION MEDICATIONS: Parents of elementary students who wish their children to have non-prescription medicines such as Tylenol and cold tablets during the school day must provide written parental permission along with the non-prescription medicine itself. School personnel may provide middle school/high school students non-aspirin based pain relievers (i.e. Tylenol, Advil) as needed if permission is indicated below —

FOR MIDDLE SCHOOL/HIGH SCHOOL STUDENTS ONLY: YES NO The school may provide my child non-aspirin based pain relievers.

AUTOMATIC PHONE MESSAGING INFORMATION

Ashland-Greenwood Public Schools makes use of Connect 5, an automatic phone messaging service to notify families of upcoming events and of school cancellations or early dismissals due to inclement weather; the system will also be used in other emergency situations. Routine information and school cancellation/late start calls will be made to home phone numbers. Early dismissal and other calls of an urgent nature will be made to home phone numbers and to the first two Emergency Contact numbers provided by parents/families. Please review Emergency Contact information to ensure that the appropriate phone numbers/individuals are listed for receiving calls.

(signature of parent/guardian completing this form)

(date)

Ashland-Greenwood Public Schools

Home Language Questionnaire

School: _____ Teacher: _____

Our school needs to know the language(s) spoken and heard at home by each child. This information is needed in order for us to provide the best instruction possible for all students. Please answer the following questions and have your child return this form to his/her teacher. Thank you for your help.

Name of child: _____
Last First Middle

Grade: _____ Age: _____

1. Which language did your child first learn to speak? _____
2. What language does your child use most often at home? _____
3. What language do you most often use to speak to your child? _____
4. In what country was your child born? _____
5. If your child was not born in the USA, what date did they enter the USA? _____

Signature of Parent or Guardian Date

Preguntas del Lenguaje Hablado en Casa

Escuela: _____ Profesor/a: _____

Nuestra escuela necesita saber el lenguaje y oído en casa por cada niño/a. Esta información es necesaria para proveer la mejor instrucción posible para todos los alumnos. Por favor de contestar las siguientes preguntas y regrese esta forma con su hijo/a al profesor. Gracias por su ayuda.

Nombre del alumno: _____
Apellido Primer nombre Segundo

Grado: _____ Edad: _____

1. ¿Qué idioma comenzó su hijo/a hablar primero? _____
2. ¿Qué idioma usa más su hijo/a en la casa? _____
3. ¿Qué idioma usa usted con mas frecuencia para hablar con su hijo/a? _____
4. ¿En que país nació su hijo? _____
5. ¿Si no nació en los EEUU en qué fecha entro su hijo/a los EEUU? _____

Firma del Padre o Guardian Fecha



District Administration
Ashland-Greenwood Public Schools
1200 Boyd Street
Ashland, NE 68003
402-944-2128

REQUEST FOR STUDENT RECORDS

In accordance with State and Federal Law, this form authorizes the Ashland-Greenwood Public Schools to request written and verbal information for the purpose of legitimate educational interests and planning for:

Name of Student: _____

DoB: _____

Previous School Name: _____

Grade Last Yr. _____

Records requested are:

____ Cumulative school records including, but not limited to: directory information, attendance records, transcripts, health records, standardized test results, and activities participation.

____ Subsidiary school records, specifically:
 Student Assistance Team information
 Multi-Disciplinary Team Reports, including:
 Initial MDTs and Initial Placement forms
 Psychological testing results
 Speech/language/hearing results
 Occupational therapy results
 Physical therapy results
 Individualized Education Plans (IEPs)
 Section 504 Records and Plans
 Disciplinary Records
 High Ability Records

____ Outside Agency Reports

____ Other Records as listed below:

Records are **REQUESTED FROM**:

Records should be **SENT TO**:

Registrar
 Ashland-Greenwood Elementary School
 1200 Boyd Street
 Ashland, NE 68003

Phone: (402) 944-7083 FAX: (402) 944-3515

 (parent/guardian signature; student signature if 18 or older)

 (date)



Ashland-Greenwood Public Schools Census Report

Adult Head of Household

Spouse

Street Address

City, State, Zip

Mailing Address (if different than above)

County

Phone Number

Names of Children
18 years of age and under

Gender

Date of Birth

ASHLAND-GREENWOOD PUBLIC SCHOOLS SCHOOL PHYSICAL EXAMINATION AND VISUAL EVALUATION FOR KINDERGARTEN AND OUT-OF-STATE TRANSFER STUDENTS

DIRECTIONS: A physical examination and a visual evaluation completed within six months prior to school entrance are required by state law for all students entering Kindergarten or transferring from out of state to any grade. All sections of this examination form must be completed prior to its being returned to the school offices. Please note that this form requires signatures for both the physical examination and the visual evaluation before it is considered complete. The physical examination and visual evaluation may be performed by a physician, a physician assistant, or an advanced practice registered nurse; the visual evaluation may also be performed by an optometrist or ophthalmologist). Children are exempt from this requirement when the parent/guardian provides a written statement of objection. For more information about these requirements, including the availability of resources for low-income families, please contact the school nurse in your child's school. For middle school and high school students transferring in from out of state, this completed form will also serve as a sports physical (parent permission form still required).

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DOB: _____

GRADE: _____ GENDER: M F

PHYSICAL EXAMINATION						
HT _____	WT _____	BP _____ / _____	Pulse _____			
Urinalysis _____						
Hemoglobin/Hct _____						
Audiometric Screening Report						
	500	1000	2000	3000	4000	6000
R	_____	_____	_____	_____	_____	_____
L	_____	_____	_____	_____	_____	_____
EXAM	Normal	Abnormal	Comments			
Thyroid	_____	_____	_____			
Lungs	_____	_____	_____			
Heart	_____	_____	_____			
Abdomen	_____	_____	_____			
Hernia	_____	_____	_____			
Neck	_____	_____	_____			
Upper Extremities	_____	_____	_____			
Back/Spine	_____	_____	_____			
Lower Extremities	_____	_____	_____			
Description of any lab results obtained _____						

Medication child is currently taking _____						

I herewith certify that the student named above has been evaluated as indicated by the above record and found to be physically fit to participate in school activities except as noted below. Any exceptions or required modifications should be re-evaluated annually or as specified.						
Modifications or exceptions _____						

(provider signature) (date)						
Provider's Address: _____						
Provider's Phone Number: _____						

VISUAL EVALUATION			
	Pass	Fail	Recommend Further Eval
Amblyopia	_____	_____	_____
Strabismus	_____	_____	_____
Internal Eye Health	_____	_____	_____
External Eye Health	_____	_____	_____
Visual Acuity			
20 feet	Right 20/_____	Left 20/_____	aided/unaided
16 inches	Right 20/_____	Left 20/_____	aided/unaided
Comments/Recommendations _____			

(provider signature) (date)			
Provider's Address: _____			
Provider's Phone Number: _____			

Immunization Record					
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DPT, DtaP, or TD					
Polio					
MMR					
Hepatitis B					
HIB					
Varivax					
Other					

Date (month/year) child had chicken pox _____
(varivax immunization not required if date provided)

TB Test Date _____ Results _____