



NORRIS SCHOOL DISTRICT ENROLLMENT FORM

(Enrollment form is two sided and all questions require answers to be considered)

Student's Legal Name _____ Social Security # _____
Last First Middle

Gender: Male Female Date of Birth _____ Age _____ Grade Entering _____ School Year _____

If this student's name has been legally changed, please list any previous name here: _____

Is this student Hispanic/Latino? (Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic/Latino (Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture/origin, regardless of race.)

The above question is about **ethnicity**, not race. **Please also answer the following question** regarding this student's **race**. **(Choose one or more.)**

- American Indian or Alaska 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.)

Does student live in the Norris School District? Yes No (Question to be verified by property tax records of physical address)
If you answered **NO** and student is option enrollment, what is the resident school district? _____ **N/A**

If your student is option enrollment, have you filed the correct paperwork and checked for approval? Yes No

Physical Address _____ City _____ Home Phone _____ County _____

Mailing Address _____ City _____ Zip _____

Father
 Step-Father
 Foster Father
 Legal Guardian

Name _____

Employer Name _____ Work Phone _____ Cell or Pager Number _____

_____ Home Work

E-Mail Address _____

Mother
 Step-Mother
 Foster Mother
 Legal Guardian

Name _____

Employer Name _____ Work Phone _____ Cell or Pager Number _____

_____ Home Work

E-mail Address _____

Living with: Both Parents Mother Only Father Only Legal Guardian (not a parent)
 Step-Mother Step-Father Mother & Step-Father Father & Step-Mother
 Other _____

***If the student does not live with parent(s) and parent(s) are not deceased, a copy of a guardianship document must be attached to this form. 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 also.**

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1. Has this student ever attended Norris Public Schools before? Yes No If yes, list last school year attended: _____

2. Has this student ever attended another school in **Nebraska** (including preschool)? Yes No If you answered yes to this question, please provide the name of the school(s) and school year(s): _____

3. Please provide information about the **most recent** school this student attended:

Name of school _____ Phone Number _____ Fax _____

(Address)

(City)

(State)

(Zip)

4. Do you speak a language other than English at home? Yes No If so, what language? _____

5. Is this student a foreign exchange student? Yes No 6. Is this student a single parent? Yes No

7. Has student participated in an English Language Learner / English as a Second Language program? Yes No

If yes, how long has the student participated in such program? _____

8. Is this student an Immigrant? Yes No If yes, how long has student been in the country? _____

9. Is this student receiving Special Education Services? Yes No 10. Is this student on a 504 plan? Yes No

11. Does student currently participate in the Federal Free/Reduced Lunch Program? Yes No

12. Is the student a ward of the court? Yes No If Yes, Caseworker name/Phone: _____

13. Has the student ever been expelled from school? Yes No Has the expulsion period expired? Yes No

If you answered Yes for expelled, please provide school year and reason? _____

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

Name

Gender

Date of Birth

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed _____ Date _____

- **Nebraska Statue requires all students to be immunized with DTP, MMR, Polio, Hep. B and Varicella vaccines at the time of enrollment or have the appropriate signed waiver on file**
- **Kindergarten, 7th grade and out-of-state transfers require a physical no less than 6 months old.**
- **Kindergarten and out-of-state transfers require a vision exam no less than 6 months old**
- **Also required is an original birth certificate from the Bureau of Vital Statistics. The office will make a copy of the original birth certificate to have on file.**

School officials are obligated to keep current immunization records on file 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 this information to the school officials at the time of registration.

