

FRIEND PUBLIC SCHOOLS ENROLLMENT FORM

School Year Student No.

Students Name as on Birth Certificate or Legal Name

DOB (mo/day/yr) Students Birth Place Grade Sex

Street Address City State Zip County Dist. #

Home phone Mom cell phone Dad cell phone

Email Address

Date Moved into District

Race: Asian Black American Indian Hispanic White Native Hawaiian

Ethnicity: Hispanic Non-Hispanic

Information Regarding Last School Attended other than Friend Public School

Name of School Address City State Zip

Date of Entry Grade Date of Withdrawal Grade

Information Regarding Person(s) with Whom Student is Living

Last Name First Name Place of Employment Work Phone #

Relationship of Above to Student: Father Mother Stepfather Stepmother Other (Please specify): _____

Last Name First Name Place of Employment Work Phone #

Relationship of Above to Student: Father Mother Stepfather Stepmother Other (Please specify): _____

Marital Status of Parents: MARRIED DIVORCED OTHER (Please specify): _____

FATHER: REMARRIED DECEASED MOTHER: REMARRIED DECEASED

The information provided herein is true and complete to the best of the undersigned's knowledge.

Signature of Parent/Guardian: _____

FRIEND PUBLIC SCHOOLS ENROLLMENT FORM

**IN CASE OF ILLNESS/ACCIDENT, OR INCLEMENT WEATHER
IF NOT POSSIBLE TO REACH ME, PLEASE CALL:**

Name of Person	Relationship	Home phone	Work phone
----------------	--------------	------------	------------

Name of Person	Relationship	Home phone	Work phone
----------------	--------------	------------	------------

IN CASE A PHYSICIAN IS URGENTLY NEEDED, PLEASE CALL THE PHYSICIAN NAMED BELOW:

Name of Physician	Address	Phone number
-------------------	---------	--------------

BROTHERS AND SISTERS

Name	Place of Birth/DOB	Name	Place of Birth/DOB
Name	Place of Birth/DOB	Name	Place of Birth/DOB
Name	Place of Birth/DOB	Name	Place of Birth/DOB

Others in home (list name and relationship): _____

ELEMENTARY ONLY

Name of Babysitter/Day Care: _____ Address: _____ Phone: _____

In case of emergency closing of the school, my child has been instructed to (check and complete one)

Go straight home: _____

Go home with/or to: _____

Name	Address	Phone
------	---------	-------



Friend Public School

501 S. Main Street/ P.O. Box 67, Friend, NE 68359
Phone: 402-947-2781 Fax: 402-947-2026
www.friendbulldogs.org

Administration

Superintendent: Derek Anderson
Principal: Elizabeth Stutzman
Counselor: Amy Hottovy
Activities Director: Jim Pfeiffer

ATTENTION: Principal/Guidance Counselor/Registrar

Please forward the records of _____
(student's name)

Permission is granted to release to the Friend Public Schools all information pertaining to my child's official school records. These records may include but are not limited to standardized tests, transcript of grades, health and immunization records, birth certificate, psychological data, attendance information, and special education records which should include documentation of student's placement and indication of parental permission.

(Parent Signature)

(Printed Name)

(Date)

FORMER SCHOOL: _____
(Name of School)

(Mailing Address)

(City) (State) (Zip)

According to the Final Regulations – Family Educational Rights and Privacy Act (Beckley Amendment dated June 17, 1976, it is not necessary to obtain written consent to release school records to other schools. It states in Section 99.31 that prior consent is not required if the disclosure is to officials of another school or school system in which the students seeks or intends to enroll.

(Administration Signature)

(Title)



Friend Public School

501 S. Main Street/ P.O. Box 67, Friend, NE 68359
Phone: 402-947-2781 Fax: 402-947-2026
www.friendbulldogs.org

Administration

Superintendent: Derek Anderson
Principal: Elizabeth Stutzman
Counselor: Amy Hottovy
Activities Director: Jim Pfeiffer

Release of Information

Authorization if hereby granted to Friend Public School to:

- Obtain information from:
- Release information to:
- BOTH obtain from and release to:

Physician, Agency, Individual, etc.

Address, City, State, Zip

Phone

for the following information pertaining to: _____
Name of Student

RECORDS (check all that apply):

- Evaluation Report (ER)
- Individualized Education Plan (IEP) and/or Multi-disciplinary Report (MDT)
- Psychological Reports
- Psychiatric Reports
- Extracurricular activities, awards, and offices held
- Health and Medical Records/Information
- Permanent Record (name, address, birth date, grade level completed, grades, class standing, attendance, standardized achievement, ability, aptitude test scores)
- School Observations, FBAs, and Rating Scales
- Verbal Communication
- ALL THE ABOVE
- Other: _____

Parent/Guardian Signature (if student is under 18 years old)

Date

Student Signature (if student is 18 years or older)

Date

FRIEND PUBLIC SCHOOLS

Language and Educational History Questionnaire

Name _____ Date _____

Grade _____ Age _____ DOB _____

Language and Educational Background

1. What language did the student speak when they began to talk? _____

2. What language does the student speak most often at home? _____

3. What language do the adults speak most often at home? _____

4. The student speaks English only? Yes No (If you checked "yes," skip to question 8)

5. The student speaks some/no English. Primary language spoken:

6. Please list the additional languages the student speaks or understands regardless the degree of proficiency.

7. Was the student influenced by an adult, other than the parents, such as a babysitter or a grandparent who spoke another language that may have affected the student's language skills?

Yes No

If you checked "yes," please explain: _____

8. Has the student ever received instruction for English as a Learned Language? Yes No

9. Has the student ever received instruction in a language other than English? Yes No

10. Has the student ever received special education services?

Yes No

If you checked "yes," please give details: _____

11. Has the student ever received Title 1 services?

Yes No

If you checked "yes," was it in math, reading, or both: _____

12. Has the student ever been retained at a grade level? Yes No

Friend Public School – Student Health History

Student Name _____ **Date of Birth** _____ **Sex** **M** **F**

Parent/Guardian Instructions: The following information is requested in order to help us meet your student’s health needs at school. The information you provide may be shared with school personnel, as needed, in order to promote your student’s safety and educational success.

A. Current Health Status

1. Does your student take medication or supplements regularly? Y N

Please List:

2. Does your child have a health condition now under treatment? Y N

Please List:

3. Does your child have allergies? Y N

Please List:

4. Date of last Medical Exam: _____ Dr. _____

5. Date of last Dental Exam: _____ Dr: _____

6. Does your student currently have health insurance? Y N

7. Would you like information about the state health insurance program? Y N

B. Please circle any condition(s) your child has experienced:

Sleeping Problem/Eating Problem/Coordination Problem/Tires easily/Recurrent Headaches/Weight Problem/Eczema/Behavioral Concerns/Asthma/Frequent Nosebleeds/Concussion/Broken Bone(s)/Heart Problem/Pneumonia/Convulsions/Diabetes

Date(s) Affected: _____

C. Illness and Accidents

1. More than one (1) ear infection each year? Y N

2. History of ear/hearing problems? Y N

3. History of vision problems? Y N

4. History of hospitalizations or surgery? Y N

Comments: _____

D. Prior History

1. Significant complications during pregnancy? Y N
2. Was pregnancy less than full term? Y N
3. Medical problems at birth? Y N
4. Birth weight: _____
5. At what age did your student walk alone? _____
6. At what age did your student say words with meaning? _____
7. Was child enrolled in Early Childhood Special Education or Head Start? Y N Year: _____

E. Family History

1. Who lives in student's home? _____
2. Any Family Health Problems? _____

F. Parental Consent for Over the Counter Medication Administration

I give permission for my student to receive the following medication(s): Please Circle

Acetaminophen (Tylenol)/Ibuprofen/Oral Benadryl/Topical Benadryl Ointment/Hydrocortisone
Ointment/Tums/Pepto Bismol/Imodium/Midol/Neosporin/Sudafed Decongestant/Anbesol/Biofreeze

Do you wish to be notified BEFORE medication administration? Y N

Do you wish to be notified AFTER medication administration? Y N

Contact Name and Phone# _____

My student is taking other medications at this time: Y N

Please List: _____

Student is under the care of physician for the following: _____

Any special considerations/instructions:

Completed by

Relationship to Student

Date