

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: _____

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

Name of Person	Relationship	Home phone	Work phone
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Name of Person	Relationship	Home phone	Work phone
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IN CASE A PHYSICIAN IS URGENTLY NEEDED, PLEASE CALL THE PHYSICIAN NAMED BELOW:

Name of Physician	Address	Phone number
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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
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Digital Equity Survey

Name: _____

Grade: _____

Question	Internet Access in Residence
Is there internet access in the residence?	Yes - Internet Access in Residence
	No - Not Available
	No - Not Affordable
	No - Other

Question	Device Access
Is the primary learning device a personal device or school-provided?	Personal - Dedicated
	Personal - Shared
	School Provided - Dedicated
	School Provided - Shared
	None

Question	Internet Access Type in Residence
What is the primary type of internet service used at the residence?	Residential Broadband (DSL, Cable, Fiber)
	Cellular Network
	School Provided Hot Spot
	Satellite
	Dial-up
	Other
	None

Question	Digital Device
What device does this student most often use to complete online learning at home?	Desktop/Laptop
	Tablet
	Chromebook
	Smartphone
	None
	Other

Question	Internet Performance
Can the student stream videos without interruption?	Yes - No issues
	Yes - But not consistent
	No

Date signed

Parent Signature

The Nebraska Dept of Education wants to have a good understanding of internet and computer accessibility for the student of the state. Please complete this survey and return to the school office. Only one response per family is needed.



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)



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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



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Student Enrollment Survey

Name: _____

Date: _____

This is a home language survey to be completed by the student's parent, guardian, or other person enrolling the student as part of the admission process for all kindergarten students and for all other students new to the district. A student who is emancipated or who has reached the age of majority and who is enrolling himself or herself may complete the survey instead.

1. What language did the student first learn to speak? _____

2. What language is spoken most often by the student? _____

3. What language is primarily used in the student's home regardless of the language spoken by the student? _____

If an answer to any of the home language survey questions is an answer other than "English," the school district shall administer an English language proficiency screener assessment to the student, or take the previous districts results, to determine if the student may be an English Learner.

Student Health History Form

Parent/Guardian: The following information is requested in order to help us meet your child's health needs while at school.

Childs Name: _____ **Date of Birth:**

Does your child currently take any medication? Yes _____ No _____

If yes, please list:

Will your child need to take any medication during the school day?

Please List:

Does your child have any health conditions that are currently under treatment?

Please List:

Does your child have any allergies or has been diagnosed with Asthma? Yes _____ No _____

Please List:

Has your child seen a dentist in the last year? Yes _____ No _____

Please list Dentist name:

Has your child had a physical in the last year?

Please list Physician name:

Would you like any information about state health insurance? Yes _____ No _____

Is your child current on immunizations? Yes _____ No _____

Does your child wear glasses or contacts? Yes _____ No _____

Any hearing problems? Yes _____ No _____
side

See reverse

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

Sleeping problems/Eating problems/Coordination problems/Tires easily/Recurrent headaches/Weight problem(s)/Eczema/Behavioral concerns/Asthma/Frequent nosebleeds/Concussion(s)/Broken bone(s)/Heart problem(s)/Pneumonia/Convulsions/Diabetes

The following medications can be given at school if needed with parent consent:

Acetaminophen (Tylenol), Ibuprofen, Benadryl, Benadryl Ointment, Hydrocortisone, Tums, Pepto Bismol, Midol, Neosporin, Sudafed, Anbesol, Biofreeze.

Is your child allergic to any of these medications? Yes _____ No _____

Please list:

If medication is to be given at school, would you like to be contacted before or after the medication is given?

Before: _____ After: _____

Contact name: _____ Phone: _____

Is a text message, okay? Yes _____ No _____

Any other health concerns the school should know about your child:

Completed by / Relationship to student

Date