

**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 Student Information

## SECTION I: Student General Information (Demographics)

<b>Legal Last Name:</b> _____	<b>Legal First Name:</b> _____	<b>Legal Middle Name:</b> _____	<b>Grade:</b> _____	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Birth Date: (MM/DD/YYYY):</b> _____		<b>Birth Place (city, state):</b> _____		
<b>Birth Country:</b> _____		<b>If Birth Country Outside US:</b> <input type="checkbox"/> Refugee <input type="checkbox"/> Migrant <input type="checkbox"/> Foreign <b>Entry Date to USA:</b> _____		
<b>Home Language:</b> _____		<b>First Language Spoken:</b> _____		<b>Primary Language:</b> _____
<b>Is the child a Ward of the State?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Race and Ethnicity (Complete both Part A and B):</b>				
<b>Part A:</b> Hispanic/Latino (Person(s) of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.): <input type="checkbox"/> YES <input type="checkbox"/> No				
<b>Part B:</b> Race/Ethnicity (Mark all that apply): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native				
<b>Student Address:</b> <input type="checkbox"/> Mail same at Home Address				
Home Address: _____		City: _____	State: _____	Zip: _____
Mailing Address: _____		City: _____	State: _____	Zip: _____
County: _____		Home Phone: _____		

## SECTION II: Parents/Guardians

<b>Parent/Guardian:</b>				
<input type="checkbox"/> Mother <input type="checkbox"/> Father				
Last Name: _____		First Name: _____		
<input type="checkbox"/> Live With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Released To <input type="checkbox"/> Deceased				
Email: _____		Employer: _____		<input type="checkbox"/> Active Military/Nat Guard
Home Address: _____		City: _____	State: _____	Zip: _____
Mailing Address: _____		City: _____	State: _____	Zip: _____
Primary	Check all that apply	Phone		
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text	_____		
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text	_____		
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text	_____		

<b>Parent/Guardian:</b>				
<input type="checkbox"/> Mother <input type="checkbox"/> Father				
Last Name: _____		First Name: _____		
<input type="checkbox"/> Live With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Released To <input type="checkbox"/> Deceased				
Email: _____		Employer: _____		<input type="checkbox"/> Active Military/Nat Guard
Home Address: _____		City: _____	State: _____	Zip: _____
Mailing Address: _____		City: _____	State: _____	Zip: _____
Primary	Check all that apply	Phone		
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text	_____		
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text	_____		
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text	_____		

**SECTION II: Parents/Guardians (Continued)**

**Adult:**  
 Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Live With  Contact Allowed  Ed. Rights  Has Custody  Mailings Allowed  Released To  
 Email: \_\_\_\_\_ Employer: \_\_\_\_\_  Active Military/Nat Guard  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Check all that apply Phone  
  Cell  Home  Work  Text \_\_\_\_\_  
  Cell  Home  Work  Text \_\_\_\_\_  
  Cell  Home  Work  Text \_\_\_\_\_

**Adult:**  
 Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Live With  Contact Allowed  Ed. Rights  Has Custody  Mailings Allowed  Released To  
 Email: \_\_\_\_\_ Employer: \_\_\_\_\_  Active Military/Nat Guard  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Check all that apply Phone  
  Cell  Home  Work  Text \_\_\_\_\_  
  Cell  Home  Work  Text \_\_\_\_\_  
  Cell  Home  Work  Text \_\_\_\_\_

**Census Report: All children 18 years of age and under**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**SECTION III: Emergency Contacts:**

Order of Contact	Relationship	Name	Home Phone	Cell Phone	Release to
1.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Parental/Guardian Consent – Consent given will herein remain in effect until changed in writing by the parent/guardian.**

I grant permission for my child/student to be photographed for the purposes of my child’s class picture and/or yearbook.  Yes  No

I grant permission for my child/student to participate in approved field trips.  Yes  No

I grant permission for educational information contained in the school’s files and records to be released to post-high School educational institutions.  Yes  No

**It is the responsibility of the parent/guardian to update telephone number and email address information through the office.**

**Note: See school Handbook on agps.org, directory information, for details about the release of information.**

**SECTION IV: 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

Comments: \_\_\_\_\_

**Hearing (check if applicable):**

\_\_\_\_ Has Hearing problem \_\_\_\_ Has Tubes in Ears \_\_\_\_ Uses Hearing Aid \_\_\_\_ Requires Preferential Seating

Comments: \_\_\_\_\_

**SPECIAL EDUCATION SERVICES PROVIDED:** Yes No

**504 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 Medicaitons:** 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 (ie Tylenol, Ibuprofen) as needed if permission is indicated below –

**For Middle School/High School Student ONLY:** Yes No The school may provide my child non-aspirin based pain relievers.

**AUTOMATIC MESSAGING INFORMATION**

Ashland-Greenwood Public Schools makes use of School Messenger, an automatic phone and email 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 primary phone numbers and emails. Early dismissal and other calls of an urgent nature will be made to primary phone numbers. Please review Emergency Contact information to ensure that the appropriate phone numbers/individuals are listed for receiving School Messenger calls

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**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

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

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

\_\_\_\_\_ (date)

## 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 \_\_\_\_\_