

Office Use Only:

NE ID#: _____

Enrollment Date: _____

Enrollment Grade: _____

Office Use Only:

Birth Cert.: _____

Imm. Rec.: _____

Physical: _____

Vision: _____

Ansley 2024-2025 NEW STUDENT Enrollment Form

Submit completed form to:

Counselor's Office, Ansley Public School, PO Box 370, Ansley, NE 68814

This form **DOES NOT** supersede an open enrollment application and consideration.

Open enrollment applications, deadlines, and information may be found at the NE Dept. of Education website.

STUDENT AND PARENT/GUARDIAN INFORMATION

Student's Full Legal Name: Last: _____ First: _____ Middle: _____

Student's Preferred Name: _____

Physical/Mailing Address, City, State, Zip: _____

Student lives with (check one) Mother & Father Mother Father Other: _____

Date of Birth: _____ Gender: Male Female Grade Entering: _____ Start Date: _____

Student's Home Phone: _____

School district or pre-school the student most recently attended (Include school name and state): _____

Primary language used at home: English Spanish Other (Please specify) _____

PARENT/GUARDIAN CONTACTS

Custodial (Primary) Parent: NAME: _____ Relationship to student: _____

Physical/Mailing Address, City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Spouse of

Custodial (Primary) Parent: NAME: _____ Relationship to student: _____

Physical/Mailing Address, City, State, Zip: _____ Receive School Mailings? Yes

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Non-

Custodial (2nd Household) Parent: NAME: _____ Relationship to student: _____

Physical/Mailing Address, City, State, Zip: _____ Receive School Mailings? Yes

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

TRANSPORTATION Does this student require bus transportation? Yes No

RESIDENCY

County of Residence: _____ School District of Residence: _____ Will student be Open Enrolled? Yes No

If YES, indicate date approved: _____

SPECIAL EDUCATION/ACCOMMODATIONS

Is this student receiving special education services or have an IEP? Yes No First IEP Date: _____

Any other accommodations? ELL Extended Learning Program (ELP) 504 Plan Other: _____

ETHNICITY INFORMATION (Information required by NE Dept. of Educ.) Please answer ***BOTH*** questions (*Part 1 and Part 2*)!

Part 1: Is this student Hispanic/Latino? Yes No **Part 2:** Is this student from one or more of these races? (✓ all that apply)

- Am. Indian/Alaska Native Asian Black or African Am Native Hawaiian/Pacific Islander White

HOME LANGUAGE SURVEY

What language did your child first learn to speak? _____.

What Language is spoken most often by your child? _____.

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

_____.

Parent/Guardian Signature: _____ Date: _____