Office Use Only:
NE ID#:_____
Enrollment Date: _____
Enrollment Grade: _____

Ansley 2026-2027 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.

Office Use Only:
Birth Cert.:_____
Imm. Rec.:_____
Physical:_____
Vision: _____

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:**_____