O'Neill Public Schools
Application for Student Admission

Administrative Office · 635 N 4th Street O'Neill, NE 68763
Ph 402-336-3775 · Fax 402-336-4890

☐ Preschool · 635 N 4th Street · Ph. 402-336-3775 · Fax 402-336-4890
☐ Elementary School · 1700 N 4th Street · Ph. 402-336-1400 · Fax 402-336-2651
☐ JR-SR High School · 540 E Hynes Street · Ph. 402-336-1544 · Fax 402-336-1105

Today's Date: _____ Student's Estimated Start Date: _____

Student Information			
Legal Name (First, Middle, Last)		Preferred Name	
Street Address			
City/State/Zip			
School District		If transported, distance from school	
Home Phone #		Cell Phone #	
Date of Birth		Gender	☐ Female ☐ Male
Social Security #		Grade	
Place of Birth		Primary Language	
Name of Previous School:		**Name of Preschool Attended:**	
☐ In State ☐ Out of State		(If Kindergarten Student)	

Parent/Guardian Information			
Adult #1		☐ OK to Pick Up	☐ Legal Custody
Relationship		Cell Phone #	
E-Mail Address		Military Service	☐ Yes ☐ No
Work Place		Work Phone #	
Adult #2		☐ OK to Pick Up	☐ Legal Custody
Relationship		Cell Phone #	
E-Mail Address		Military Service	☐ Yes ☐ No
Work Place		Work Phone #	

Parental Status

☐ Married ☐ Divorced ☐ Single

☐ Father Deceased ☐ Father Remarried ☐ Mother Deceased ☐ Mother Remarried

Primary Language			
Should there be a duplicate mailing for this child to another parent?		☐ Yes ☐ Non-Custodial	☐ No ☐ Shared Custody
If yes, please complete section below for duplicate mailings:			
Adult #1		☐ OK to Pick Up	
Street Address			
City/State/Zip		Home Phone #	
Relationship		Cell Phone #	
E-Mail Address			
Work Place		Work Phone #	
Adult #2		☐ OK to Pick Up	
Relationship		Cell Phone #	
E-Mail Address			
Work Place		Work Phone #	

The board supports the delivery of the education program and services to students free of discrimination on the basis of race, color, national origin, sex, disability, or marital status and provides equal access to the Boy Scouts and other designated youth groups. This concept of equal educational opportunity serves as a guide for the board and employees in making decisions relating to school district facilities, employment, selection of educational materials, equipment, curriculum, and regulations affecting students.

Emergency Contact Information - other than Parent or Guardian			
Name			☐ OK to Pick Up
Street Address			
City/State/Zip		Home Phone #	
Relationship		Cell Phone #	
E-mail Address			
Work Place		Work Phone #	
Name			☐ OK to Pick Up
Street Address			
City/State/Zip		Home Phone #	
Relationship		Cell Phone #	
E-Mail Address			
Work Place		Work Phone #	

Student Race and Ethnicity Information	
Part A.	Is this student (or Are you) Hispanic/Latino? *(Choose only one)*
☐	No, not Hispanic/Latino
☐	Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) race to be.	
Part B.	What is the student's (or your) race? *(Choose one or more)*
☐	**American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
☐	**Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
☐	**Black or African American** (A person having origins in any of the black racial groups of Africa.)
☐	**Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
☐	**White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Additional Student Information		
Has this child received Special Education Services?	☐ Yes	☐ No
If yes, is there a current IEP, MDT?	☐ Yes	☐ No
Is this child a ward of the State or Court?	☐ Yes	☐ No
Has this child been expelled from school (either public or private in any state)?	☐ Yes	☐ No
If yes, has the term (time period) of expulsion been completed?	☐ Yes	☐ No
Is this child homeless?	☐ Yes	☐ No
Is this child migrant?	☐ Yes	☐ No
Is this child a single parent?	☐ Yes	☐ No

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Health Questions (If you answer yes to any of the questions, please explain.)		
Is your child allergic to any medications?	☐ Yes	☐ No
Does your child have any food allergies?	☐ Yes	☐ No
If yes, does your child use an epi-pen?	☐ Yes	☐ No
If yes, please contact the School Nurse to complete an action plan.		
Does your child have any other allergies or sensitivities?	☐ Yes	☐ No
If yes, does your child use an epi-pen?	☐ Yes	☐ No
If yes, please contact the School Nurse to complete an action plan.		
Does your child have any asthma or breathing difficulties?	☐ Yes	☐ No
If yes, does your child use an inhaler?	☐ Yes	☐ No
If yes, how often?		
* Students with asthma or severe breathing difficulties must contact the School Nurse to complete an action plan.		
Is your child diabetic?	☐ Yes	☐ No
If yes, does your child use insulin?	☐ Yes	☐ No
If yes, what type, dose, and time?		
* Students with diabetes must contact the School Nurse to complete an action plan.		
Has your child ever had a seizure or convulsion?	☐ Yes	☐ No
If yes, please contact the School Nurse to complete an action plan.		
Does your child have any cardiac/heart conditions?	☐ Yes	☐ No
Has your child been diagnosed with any chronic disease or condition?	☐ Yes	☐ No
Does your child have any hearing problems or frequent infections?	☐ Yes	☐ No
Does your child require any special equipment/medical supplies such as hearing aids, nebulizers, peak flow meter, glucose monitors, etc?	☐ Yes	☐ No
Does your child take any prescription medications? Please list names and doses of all medications.	☐ Yes	☐ No
If yes, will any of these medications be administered at school? If yes, please contact the school nurse to complete appropriate forms.	☐ Yes	☐ No
Does your child take any over the counter medications routinely?	☐ Yes	☐ No
Has your child had any surgical procedures or operations?	☐ Yes	☐ No
Has your child had the varicella (chicken pox) disease? If yes, what year?	☐ Yes	☐ No
Does your child have any psychiatric, behavioral, or emotional concerns?	☐ Yes	☐ No
Please lists any other medical concerns:		
Can the above information be shared with staff members that work with your child?	☐ Yes	☐ No
I verify that the above information is correct to the best of my knowledge.		

Parent Signature Date

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Nebraska Department of Education

Home Language Survey

Student's Name: Birth Date:

Parent/Guardian Name:

School: Grade: Gender: Male Female

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?

Parent/Guardian Signature

Date