

Student Application

O'Neill Public Schools

635 N 4th Street

O'Neill, NE 68763

phone - 402.336.3775 fax - 402.336.4890

Today's Date _____

☐ Elementary School

☐ Jr-Sr High School

Estimated Start Date _____

Grade _____

Previous School Attended _____

Student Information

Last Name

First Name

Middle Initial

Preferred Name

Date of Birth
(mm/dd/yyyy)

Gender

☐ Male

☐ Female

Ethnicity

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race

☐ White

☐ Black or African American

☐ Asian

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ Other _____

Additional Student Information

Yes No -- Does your child have an Individualized Education Program (IEP or IFSP)?

Yes No -- Is this child a ward of the State or Court?

Yes No -- Is this child homeless?

Yes No -- Is this child migrant?

Yes No -- Does your child take a daily medication?

Yes No -- Do you need to schedule a visit with the school nurse?

Yes No -- Has this child been expelled from another school?

Yes No -- Is this child a single parent?

Parent/Guardian Information - Relationship to Child _____

Last Name

First Name

Address

City

State

Zip Code

Home Phone Number

Cell Phone Number - if different than home phone

Work Phone Number

Employer

Personal E-mail Address (for alert notifications and PowerSchool parent portal)

Would you like to receive text message alert notifications from O'Neill Public Schools? Yes No

☐ OK to Pick Up

☐ Lives With

☐ Legal Custody

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Last Name

First Name

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Personal E-mail Address (for alert notifications and PowerSchool parent portal)

Would you like to receive text message alert notifications from O'Neill Public Schools? Yes No

☐ OK to Pick Up

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Complete the below sections if there should be duplicate mailing for this child to another parent.

Parent/Guardian Information - Relationship to Child _____

Last Name

First Name

Address

City

State

Zip Code

Home Phone Number

Cell Phone Number - if different than home phone

Work Phone Number

Employer

Personal E-mail Address (for alert notifications and PowerSchool parent portal)

Would you like to receive text message alert notifications from O'Neill Public Schools? Yes No

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Parent/Guardian Information - Relationship to Child _____

Last Name

First Name

Address

City

State

Zip Code

Home Phone Number

Cell Phone Number - if different than home phone

Work Phone Number

Employer

Personal E-mail Address (for alert notifications and PowerSchool parent portal)

Would you like to receive text message alert notifications from O'Neill Public Schools? Yes No

☐ OK to Pick Up

☐ Lives With

☐ Legal Custody

Emergency Contact Information - Relationship to Child _____

Last Name

First Name

Address

City

State

Zip Code

Home Phone Number

Cell Phone Number - if different than home phone

Work Phone Number

Employer

☐ Ok to Pick Up

Emergency Contact Information - Relationship to Child _____

Last Name

First Name

Address

City

State

Zip Code

Home Phone Number

Cell Phone Number - if different than home phone

Work Phone Number

Employer

☐ Ok to Pick Up

I certify that all of the above information is true and correct. Any deliberate misrepresentation of the information will result in the child being withdrawn from the program.

Parent/Guardian Signature

Date

O'Neill Public Schools

Home Language Survey



Student Information

Last Name	First Name	Middle Initial
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Grade	School	

Parent/Guardian Information - Relationship to Child _____

_____	_____
Last Name	First Name

- 1) What language did the child first learn to speak? _____
- 2) What language to 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