

Brothers/Sisters (List additional children in your household from birth to 21 years):

Name (Last, First, Middle)	Gender (M/F)	Birthdate (M/D/Y)	Place of Birth (City & State)	Current School	Disability if any

Emergency Contact (other than parent/guardian)

Name: _____ Phone: (____) _____ - _____ Relation to Student: _____
 Name: _____ Phone: (____) _____ - _____ Relation to Student: _____

Has your child ever attended a Scottsbluff Public School? Yes No If yes, list: School Name: _____
 Year Attended: _____ Grade: _____

Last school attended: _____ Previous school phone: (____) _____ - _____
 Previous school's City/State/Zip: _____, _____ - _____

Is your child receiving special education services? Yes No
 Is your child receiving student gifted services? Yes No
 Did your child attend pre-kindergarten? Yes No If yes, public or private/church
 Does your child have special medical conditions? Yes No
 If yes, explain: _____

Is the reason for moving to this area due to the agriculture production process? Yes No

*Parents: In order for us to handle medical emergencies in your absence, we need your signature. In my absence, I give my permission to Scottsbluff Public Schools to transport my child to the hospital.

 PARENT/GUARDIAN SIGNATURE

 DATE

FOR SCHOOL USE ONLY

Enrollment Date: _____ School: _____ Birth Certificate Presented? Yes No
 Student Local ID: _____ Student State ID: _____
 Household Name _____ Grade _____ Homeroom Assignment: _____ Counselor: _____
 Opt In Student? Yes No If Yes, from Dist#: _____ - _____
 Transcript/Records Request Date: _____ Transcript/Records Received Date: _____
 Bus: Yes, Route #: _____
 Proof of Residence (check one): homeowner utility receipt or bill