

(For Office Use Only) Military _____
Enroll Date _____ IEP _____
Birth Cert _____ Bus _____ Card _____
Teacher _____ Food Serv _____
(Rev 6/21)

SDA Public Schools Student Information Sheet 20____ - 20____ School Year

(For Office Use Only)
Enrollment Fee _____
Chromebook Fee _____
Lunch/Breakfast _____
Total _____
Cash _____ Check _____ CC _____
Amt. Due _____

All information is required by the state of Nebraska

STUDENT INFORMATION: (please mark any changes or fill in blank spaces)

Student's Legal Name: _____ Grade: _____
(Last Name) (First Name) (Middle Name)

Has this student ever attended SDA Public School District before? ___ Yes ___ No If yes, last grade attended? _____

Home Address: _____ NE Student ID #: _____
(No PO Address)

City: _____ Zip: _____ Primary Phone: _____

Gender: _____ Date of Birth: _____ With whom does the child live? _____

(Mother, Father, Mother/Father, Mother/Stepfather,
Father/Stepmother, Grandparent(s), Joint Custody, Foster Parent(s))

Please answer both questions concerning Ethnicity:

1: Is student Hispanic/Latino or of Spanish origin? (Yes / No) _____

2: Select one or more races from the following racial groups:
(Circle if not indicated)

- ____ A: American Indian or Alaska Native
____ B: Asian
____ C: Black or African American
____ D: Native Hawaiian or Pacific Islander
____ E: White

If student was born outside of the United States please indicate where: _____

If the primary language spoken at home is different than English, please indicate: _____

I give permission for SDA Public Schools staff to treat my child in the event of an emergency, and to participate in vision and hearing screenings.

FATHER'S INFORMATION

Father's Name: _____ Father Email: _____

Street Address: (if different) _____ Father Cell Phone #: _____

City: _____ Zip: _____ Father Home Phone #: (if different) _____

Father Employer: _____ Father Work Phone #: _____

MOTHER'S INFORMATION

Mother's Name: _____ Mother Email: _____

Street Address: (if different) _____ Mother Cell Phone #: _____

City: _____ Zip: _____ Mother Home Phone #: (if different) _____

Mother Employer: _____ Mother Work Phone #: _____

GUARDIAN INFORMATION (other than parents if applicable)

Guardian Name: _____ **Relationship:** _____
Street Address: _____ **Guardian Cell Phone #:** _____
Guardian Employer: _____ **Guardian Home Phone #:** _____
Guardian Email: _____ **Guardian Work Phone #:** _____

STEPPARENT INFORMATION (if applicable)

Step Parent Name: _____ **Step Parent Cell Phone #:** _____
Step Parent Employer: _____ **Step Parent Work Phone #:** _____

EMERGENCY CONTACT INFORMATION

Emergency Info (if parent / guardian is not available)

1. Emergency Contact 1: _____
How Related: _____ **Emergency Cell Phone #:** _____
Emergency Home Phone #: _____ **Emergency Work Phone #:** _____

2. Emergency Contact 2: _____
How Related: _____ **Emergency Cell Phone #:** _____
Emergency Home Phone #: _____ **Emergency Work Phone #:** _____

OTHER INFORMATION

Second Mailing (for parent in separate household) _____ Yes

Parent Name: _____
Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Student Mobile Phone number: _____

Please list other siblings attending SDA Public Schools:

Name: _____	Grade: _____	Name: _____	Grade: _____
Name: _____	Grade: _____	Name: _____	Grade: _____
Name: _____	Grade: _____	Name: _____	Grade: _____

Parental Consent Statements:

If deemed necessary, your child will be sent to your family doctor or emergency room at parental/guardian's expense.

I give consent to release this information to Syracuse-Dunbar-Avoca Public School District #27 personnel to promote the health and safety of my child, thus enhancing his/her ability to learn.

Google Workspace for Education is utilized as well as other third-party apps that maintain information based on district guidelines

I give permission for my student to be transported to pre-arranged school sponsored activities and field trips.

I give permission for my student's photograph to be used in school publications and websites.

I give permission to share my student's standardized test scores with outside agencies.

Parent/Guardian Signature: _____ **Date:** _____