Superior Elementary School
Superior, Nebraska

STUDENT REGISTRATION FORM
CONFIDENTIAL

JMC# *(office use)* _____ **Entry Date** *(office use)* _____

Student Information

Last Name _____ First Name _____ Middle Name _____

Name child goes by if DIFFERENT from given or legal name _____ Social Security No. ___ ___ ___ ___ ___ ___ ___ ___ ___

Sex M/F _____ Date of Birth _____ Birth City/State/County _____

Ethnic Origin (CIRCLE ONE): HISPANIC/LATINO AMERICAN INDIAN/ALASKA NATIVE ASIAN
BLACK/AFRICAN AMERICAN HAWAIIAN/PACIFIC ISLANDER WHITE

Primary Language Spoken _____ Secondary Language Spoken _____ Citizenship Status _____

Grade _____ Kansas Resident? Yes ____ No ____ Mother Deceased ____ Parents Divorced ____

Will student ride rural bus? Yes ____ No ____ Father Deceased ____ Parents Separated ____

Permanent Address _____ Phone Number _____

Residing With _____ How related to applicant? _____ Has Custody? Yes ____ No ____

Parent/Guardian Information

Father:

Name _____ Phone Number _____

Address (Street, City, State, Zip) _____ Email Address _____

Education _____ Occupation _____ Employer/Phone No. _____

Mother:

Name _____ Phone Number _____

Address (Street, City, State, Zip) _____ Email Address _____

Education _____ Occupation _____ Employer/Phone No. _____

Guardian: *(If Applicable)*

Name _____ Phone Number _____

Address (Street, City, State, Zip) _____ Email Address _____

Education _____ Occupation _____ Employer/Phone No. _____

Siblings

Last Name _____ First Name _____ Date of Birth _____

Lives with family? Yes ____ No ____ Sex M/F _____

Last Name _____ First Name _____ Date of Birth _____

Lives with family? Yes ____ No ____ Sex M/F _____

Last Name _____ First Name _____ Date of Birth _____

Lives with family? Yes ____ No ____ Sex M/F _____

Last Name _____ First Name _____ Date of Birth _____

Lives with family? Yes ____ No ____ Sex M/F _____

Others in Home

First and Last Name _____ Relationship _____ Date of Birth _____

First and Last Name _____ Relationship _____ Date of Birth _____

First and Last Name _____ Relationship _____ Date of Birth _____

Educational

Does student have an IEP? (Receive Special Education Services?) Yes ____ No ____

Has your child previously attended Preschool? Yes ____ No ____ If yes, name: _____

What other schools has your child attended? _____

Medical

Does the parent or student have any health concerns? Yes ____ No ____ If yes, specify: _____
(ie. Severe allergy, asthma, diabetes, etc.)

Does your child wear glasses? Yes ____ No ____

Emergency Contact

First and Last Name _____ Address _____ Phone _____

First and Last Name _____ Address _____ Phone _____

Parent Signature: _____ Date _____

PALLS Enrollment

Developmental/Medical History

Developmental/Medical History

Were there any complications during pregnancy or birth? (e.g. premature birth, preeclampsia, toxemia, etc.) _____

_____

Has the doctor expressed concerns at any Well Child Checks with your child not meeting developmental milestones? _____

_____

Do you have any concerns about the following and if so please explain:

Yes _____ No _____ **Language Development** _____

Yes _____ No _____ **Speech Development** _____

Yes _____ No _____ **Cognitive Thinking Skills**_____

Yes _____ No _____ **Gross/Fine Motor Skills**_____

Yes _____ No _____ **Vision** *(squinting, headaches, holding books or toys close, sitting close to the TV, family history, itchy or watery eyes, tilts or turns to side, excessive blinking)* _____

Yes _____ No _____ **Hearing** *(Doesn't turn toward sounds, turns the TV or music louder than others, seems to favor one ear, can't hear if you whisper, talks loudly does not seem to speak as well as other children the same age, etc.)*

_____

Yes _____ No _____ **History of Ear Infections** _____

Yes _____ No _____ **Overall Health** _____

Current Medications _____

Family History

Are there any immediate family members who have had:

Speech Problems _____

Hearing Problems _____

Vision Problems _____

Mental Health Concerns_____

Learning Problems _____

Other Health Concerns _____