

# ROCK COUNTY PUBLIC SCHOOLS

## PRESCHOOL ENROLLMENT APPLICATION

Date of Application: \_\_\_\_\_

School Year of Application: \_\_\_\_\_

Student's Legal Full Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Last

First

Middle

Gender: M \_\_\_ F \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Race: White \_\_\_ African-American \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Asian/Pacific Islander \_\_\_

Has student ever attended a Nebraska public school? \_\_\_ Y \_\_\_ N

Sibling(s) currently attending the RCPS: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

District child/children reside in: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Any Special Services student receives:

\_\_\_\_\_

Custodial Parent/Guardian Full Names: \_\_\_\_\_

Custody: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_

Student Lives with: \_\_\_\_\_ *If the family has a domestic relations order governing custody or care of the child, we must have a copy of this order or parenting plan. If for any reason the non-custodial parent is not allowed visitation rights and does not have the right to remove the student from school, we must have a legal document from the custodial parent to support this order.*

Father's Work Place: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Work Place: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ (please fill out to receive PowerSchool emails)

**TURN OVER AND FILL OUT THE BACK SIDE**

**EMERGENCY MEDICAL CONDITIONS/PROBLEMS OF STUDENT: (check all that apply)**

Nothing known     Medical Waiver     Rheumatic     Cardiac     Hemophiliac  
 Diabetic     Aspirin Allergy     Penicillin Allergy     Iodine Allergy     Epileptic     Latex Allergy  
 Contact Lenses     Spec. Blood Cond.     Sulfa Allergy     Hearing Impair     Bee Sting  
 Asthma     Vision Impair     Misc. Allergies     Other-List \_\_\_\_\_

Medication Currently Taken  
(name): \_\_\_\_\_

**PERSON TO CALL IF PARENT/GUARDIAN CANNOT BE REACHED:**

Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Permission is given for my child to attend any school related field trip.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_