

# Gretna Public Schools

## Application for Student Admission



Today's Date: \_\_\_\_\_

Student Estimated Start Date: \_\_\_\_\_

Child Legal First Name	MI	Child Legal Last Name	Date of Birth	Gender	Grade	Race*	Language

**\*Race/Ethnic Categories:** (A) Asian, (B) Black or African American, (C) White, (H) Native Hawaiian or Other Pacific Islander, (I) American Indian/Alaskan Native

Is this child Hispanic or Latino?  Yes  No

School Name and Address (Last Attended)	City/State/Zip	School Phone #	Grade	Notes

➔ Please indicate Student's Social Security Number: (Optional)           -      -     

- ➔ Has this child received Special Education Services?  Yes  No
  - ➔ If yes, is there a current IEP, MDT or 504 Plan?  Yes  No
- ➔ Is this child a ward of the State or Court?  Yes  No
  - ➔ If yes, please indicate :  Court  State
- ➔ Has this child been expelled from school (either public or private, and in any state)?  Yes  No
  - ➔ If yes, has the term (time period) of expulsion been completed?  Yes  No
  - If expulsion has not completed, state the reason for the expulsion and the term (time period) of the expulsion:

- ➔ Is this child homeless?  Yes  No
- ➔ Is this child a migrant?  Yes  No
- ➔ Is this child a single parent?  Yes  No
- ➔ Indicate this child's place of birth?  United States  Other and please indicate \_\_\_\_\_
- ➔ Child's primary residence is with:  Both Parents  Mother  Father  Stepparent  Other (specify) \_\_\_\_\_
- ➔ Indicate the primary language in residence:  English  Other and please indicate \_\_\_\_\_

<b>Primary Residence Information</b>	Adult 1 Name _____ Hm # _____ Cell # _____ Wk # _____
	Adult 2 Name _____ Hm # _____ Cell # _____ Wk # _____
	Street Address _____ City _____ State _____ Zip _____
	Current or Future Subdivision _____      Gretna Schools Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No

- ➔ Should there be a duplicate mailing for this child to another parent?  Yes  No
- ➔ Please fill in this section for duplicate mailings:

<b>Please Check: Non-Custodial or Shared Custodial Information</b>	Adult 1 Name _____ Hm # _____ Cell # _____ Wk # _____
	Adult 2 Name _____ Hm # _____ Cell # _____ Wk # _____
	Street Address _____ City _____ State _____ Zip _____
	Housing Area/Subdivision _____      Gretna Schools Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Gretna Public Schools**  
**Application for Student Admission**



- ➔ Please complete the following for all other household residents(Adults & Children):
- ➔ This is very important census information that enables us to plan for the future.

First, Middle, Last Name	Gender	Date of Birth	Current School/Grade	Relationship to Student

**Application Status**

**The Remainder of this page is for School Use Only.**

School Assigned: \_\_\_\_\_

Grade: \_\_\_\_\_

**Decision:** (Admission is subject to receipt of birth certificate, proof of immunization and health status, and other required documentation)

- Admitted, Natural parent is resident of District
- Admitted, Resides in District in In Loco Parenti relationship
- Admitted, Student is Emancipated
- Admitted, Other: \_\_\_\_\_

- Not Admitted, Child a Non-resident
- Not Admitted, Board of Education Approval Required (Expelled Student)
- Not Admitted, Other: \_\_\_\_\_

**Notes:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature of School Official** \_\_\_\_\_ **Date** \_\_\_\_\_

**SIMS** \_\_\_\_\_ **LUNCH** \_\_\_\_\_ **BUS** \_\_\_\_\_ **STATE ID** \_\_\_\_\_



**Statement of person in legal or actual charge or control of child  
(for School Admission)**

**\*\*\*Please check either box 1 or box 2, fill in corresponding information, and sign.**

The undersigned state that I am an adult in legal or actual charge or control of \_\_\_\_\_,  
(Child's Name)  
a child who resides in this school district at \_\_\_\_\_.  
(Child's Address)

1.  I state that I am the child's parent,

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Today's Date

**OR**

2.  I state that I have been entrusted with, or assumed, day-to-day care and full-time supervision of, and responsibility for, the child and have been given the authority to act as parent or guardian in educational matters as established by (check all that apply):
- a.  a court or testamentary appointment as a legal guardian (attach copy)  
**and/or**
  - b.  a power of attorney delegating such parental powers (attach copy and fill out Residency Information Form)  
**and/or**
  - c.  through an in loco parentis designation by a parent in which I have been authorized to stand in the place of the parent in caring for and raising the child (attach any written documentation of such designation and fill out Residency Information Form),  
**and/or**
  - d.  through some other set of circumstances (please explain on a separate sheet and fill out Residency Information Form).

I understand that I may be requested to provide additional information regarding this child. The names and current or last known address of the child's parents are:

Mother: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that I will be responsible for, and will be expected to make, decisions regarding education (including, but not limited to, records, discipline, and special education unless otherwise provided and under special education laws and regulations), emergency medical care, and other matters for this child while in legal or actual charge or control of this child and I state that I have the authority to take such responsibility and to make such decisions and to so act. I also understand that I will have responsibilities under the state truancy laws to cause this child to attend school.

\_\_\_\_\_  
Signature of Adult in Legal or Actual Charge or Control

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Home Address of Adult in Legal or Actual Charge or Control

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Daytime Work Address

\_\_\_\_\_  
Daytime Work Phone Number

Note: Section 79:215 R.R.S. provides that if the student is homeless or if the adult does not have a phone number and address where he or she may generally be reached during the school day, those parts of the form may be left blank and a box may be marked acknowledging that these are the reasons these parts of the form were left blank. The adult with legal or actual charge or control of this student shall also sign the form.

This child is homeless, which is the reason items were left blank.

This adult does not have a phone number or address where they may generally be reached during the school day.

# Gretna Public Schools Health Inventory Form



Today's Date \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female **Current Grade:** \_\_\_\_\_

**Student lives with:** \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Step Parent  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

**Name of Parent(s) / Guardian(s):** \_\_\_\_\_

**List Allergies to:**

**Medications:** \_\_\_\_\_ **Environmental:** \_\_\_\_\_

**Food:** \_\_\_\_\_ **Insects:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Medications your child is taking (include dose and frequency):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Health Condition/Problems**

**Comments**

\_\_\_\_\_ Headaches: \_\_\_\_\_

\_\_\_\_\_ Seizure Disorder: \_\_\_\_\_

\_\_\_\_\_ Eye/Vision Problems: \_\_\_\_\_

\_\_\_\_\_ Ear/Hearing Problems: \_\_\_\_\_

\_\_\_\_\_ Speech Problems: \_\_\_\_\_

\_\_\_\_\_ Heart Problems: \_\_\_\_\_

\_\_\_\_\_ Asthma/Other Lung Problems: \_\_\_\_\_

\_\_\_\_\_ Diabetes: \_\_\_\_\_

\_\_\_\_\_ Stomach Problems: \_\_\_\_\_

\_\_\_\_\_ Bowel/Bladder/Kidney Problems: \_\_\_\_\_

\_\_\_\_\_ Skin Problems: \_\_\_\_\_

\_\_\_\_\_ Physical Handicap: \_\_\_\_\_

\_\_\_\_\_ Behavior Problems: \_\_\_\_\_

\_\_\_\_\_ Learning Problems: \_\_\_\_\_

\_\_\_\_\_ Surgical Procedures : \_\_\_\_\_

List any other serious illness/injury or health information: \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Gretna Public School**  
**Public Relations for Activities Consent Form**



Students who attend school in Gretna Public Schools are occasionally asked to be a part of their school and the District's public relations activities. Some examples: student artwork is sometimes displayed to the public and photographs of students at school are used in school publications.

In order to ensure your consent for your student to participate in such activities, the District asks that you and the student sign and return this form to the school for each of your children.

**CONSENT**

I Consent to the Student (named below) participating in the Gretna Public School District's public relations activities. The District may use the Student's name, image (photograph or video), statements, works or performances (such as art work, musical recordings and writings) and other such information in its public relations activities. This can be done in the current school year or in the future.

I understand that this means that such information will be made available to the public, including but not limited to in school buildings and at school functions, in public places in the community, in school publication and in local, state and national publications, and on the school's web page. I waive any claims of copyright or ownership to the information. I release the District and its employees or agents from any liability related to using the Student's information in the public relations activities.

This Consent is given freely and voluntarily. If I wish to rescind this consent I may do so at any time with written notice.

**Mark one of the following:**

**Yes**, I consent to participate in Gretna Public School District public relations activities.

**No**, I do not consent to participate in Gretna Public School District public relations activities.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Parent Signature (Required if student less than 18 years of age)

\_\_\_\_\_  
Date

# Gretna Public Schools Student Data Update

Please Update This Page in Blue Ink

## ***Student Information***

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## ***Family Information***

Student Lives with: (Check applicable box)

**Both Parents**  **Mother**  **Father**  **Stepparent**  **Other (Please Specify)** \_\_\_\_\_

## ***Head of Household***

HOH Name: \_\_\_\_\_ Cellular: \_\_\_\_\_ Pager: \_\_\_\_\_  
 Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 e-Mail Address: \_\_\_\_\_

## ***Head of Household 2***

HOH 2 Name: \_\_\_\_\_ Cellular: \_\_\_\_\_ Pager: \_\_\_\_\_  
 Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 e-Mail Address: \_\_\_\_\_

Include head of household name(s) in school directory?

**Please list any parent, not living in the home, who should receive duplicate correspondence.**

Name: \_\_\_\_\_ Cellular: \_\_\_\_\_ Pager: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 e-Mail Address: \_\_\_\_\_

Include this parent in school directory?

## ***Dismissal Procedures***

### **Regular**

Walk Home  
 Ride Bus  
 Get Ride From \_\_\_\_\_

Special Attention:

### **Emergency**

Walk Home  
 Ride Bus  
 Get Ride From \_\_\_\_\_

*Father's Signature:* \_\_\_\_\_ *Mother's Signature:* \_\_\_\_\_

# Gretna Public Schools Medical and Emergency Update

Please Update This Page in Blue Ink

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

In case of emergency, the school district is authorized to contact and release the student to the parents and the following persons in the order designated:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Pager: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Pager: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Pager: \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical exam \_\_\_\_\_ Date of last dental exam \_\_\_\_\_

Does this child have any health problems? \_\_\_\_\_

Serious illness or injury in past year? \_\_\_\_\_

Allergies: Medications \_\_\_\_\_ Environmental \_\_\_\_\_ Other \_\_\_\_\_

Current Medications \_\_\_\_\_

Date of Immunizations (In Past Year): Prevnar \_\_\_\_\_ Tetanus \_\_\_\_\_ Varicella \_\_\_\_\_

Other: \_\_\_\_\_

Medicine may be given at school for discomfort: (Please Check):

Tylenol: \_\_\_\_\_ Ibuprofen: \_\_\_\_\_ Cough Drops: \_\_\_\_\_

Give any additional health information you feel we should have: \_\_\_\_\_

Date \_\_\_\_\_ Legal Guardian's Signature (If Applicable) \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Mother's Signature: \_\_\_\_\_

**Gretna Public Schools**  
**Bus/Transportation Registration**



Today's Date \_\_\_\_\_

**Bus stops are assigned according to the closest stop to the child(s) resident address.**

**Step 1: List Student and Adult contact and resident information:**

Student First Name	Student Last Name	Birth date	School	Grade
Adult Name			Home Phone	
Resident Address		City	Zip	
Subdivision Name or		Is this location in the country?		

**Step 2: Does this Student wish to have bus transportation?**

NO \_\_\_\_\_  
 YES AM ONLY \_\_\_\_\_  
 YES PM ONLY \_\_\_\_\_  
 YES BOTH AM/PM \_\_\_\_\_

**You will be contacted by the Superintendent's office with start date, bus number, stop location, and stop time(s).**

The resulting file from this form can be attached to an email to  
 janderson@gretnadragons.org