

**ASHLAND-GREENWOOD PUBLIC SCHOOLS**  
**Student Admission Checklist**

**NAME OF STUDENT SEEKING ADMISSION:** \_\_\_\_\_

**NOTE TO PARENTS SEEKING TO ENROLL NEW STUDENTS:** This checklist summarizes the various requirements of Ashland-Greenwood Board of Education policy and Nebraska law regarding the enrollment of new students. Providing evidence of meeting all items on the checklist is a prerequisite to full enrollment with class attendance privileges.

**Residency**

If a student lives within the physical borders of the Ashland-Greenwood school district, he or she is eligible to enroll. Students not residing within the district may be eligible to enroll provided other requirements are met; those requirements will be addressed on a case by case basis.

**Age**

Students shall not be admitted to kindergarten unless they have reached or will reach the age of five on or before October 15 of the current school year. Upon reaching age 21, students are no longer eligible for continued attendance privileges.

**Not Currently Expelled**

Students currently expelled from another school district will not be enrolled until such time as the expulsion period enacted by the previous school has expired.

**Admission Information Forms**

The "Admission Information Form" (included in this packet) and the "Statement of Person in Legal or Actual Charge of a Child" form (included in this packet) must be completed and signed as indicated.

**Birth Certificate, Immunization, Physical Examination, and Visual Evaluation Requirements**

Nebraska law requires that the parents or legal guardian furnish the following documents to the school:

- a) A certified copy of the student's birth certificate issued by the state in which the child was born, prior to admission of a child for the first time. Other reliable proof of the child's identify and age, accompanied by an affidavit explaining the inability to produce a copy of the birth certificate, may be used in lieu of a birth certificate. An affidavit is defined as a notarized statement by an individual who can verify the reason a copy of the birth certificate cannot be produced.
- b) Evidence of a physical examination by a physician, physician assistant, or an advanced practice registered nurse, within six months prior to the entrance of the child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade, unless the parent or legal guardian submits a written statement objecting to a physical examination.
- c) Evidence of a visual evaluation by a physician, a physician assistant, an advanced practice registered nurse, or an optometrist, within six months prior to the entrance of the child into the beginner grade or, in the case of a transfer from out of state, to any other grade, unless the parent or legal guardian submits a written statement objecting to a visual evaluation. The visual evaluation is to consist of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity.
- d) Evidence of protection against diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella, Hepatitis B, Varicella (chicken pox) and Haemophilus Influenzae type b (Hib) and other diseases as required by applicable law, by immunization, prior to enrollment. Exceptions are allowed based on: (1) written statement by health care provider that immunization would be injurious to the student or a family member or (2) affidavit of a religious reason for non-immunization. Provisional enrollment is allowed based on: (1) written statement of health care provider that immunizations have begun, and immunization is continued as rapidly as medically feasible and (2) written statement of parent or guardian that immunizations have been completed, where the child's parent is in the military, the child is enrolling following residence outside the state, and proof of immunization is given within 60 days. Refer to HHS regulations, 173 NAC 3. Forms to submit objections are available from the school.

The following information is provided to assist a parent or guardian in receiving information regarding free or reduced-cost visual evaluations for low-income families who qualify: Information about free or reduced-cost visual evaluations may be obtained from the Nebraska Optometric Association (NOA), <http://www.noaonline.org/>, 201 North 8th Street, Suite 400 P.O. Box 81706, Lincoln, NE 68501--Fax 402-476-6547--Phone 402-474-7716. To identify a participating SEE TO LEARN doctor nearest you, call 1-800-960-3937. For assistance from VISION USA call 1-800-766-4466. In addition, Lions Clubs throughout Nebraska are committed to assisting disadvantaged families by sponsoring eye exams and eyewear. NOA member doctors will provide eye exams at no cost if no other resources are available.

**ASHLAND-GREENWOOD PUBLIC SCHOOLS**  
**Statement of Person Other Than a Parent in Legal or Actual Charge or Control of a Child**  
**Submitted for Purposes of School Enrollment**

The undersigned states that I am an adult in legal or actual charge or control of \_\_\_\_\_, a child  
*(child's name)*  
who resides in this school district at \_\_\_\_\_  
*(child's address)*

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 court or testamentary appointment as a legal guardian (attach copy), and/or
- a power of attorney delegating such parental powers (attach copy), and/or
- 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/or
- through any contract or judicial or administrative proceeding placing the child in such a living arrangement (attach copy of such documents), and/or
- through some other set of circumstances (please explain on a separate sheet).

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

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

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 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

Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

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

Daytime Work Phone: \_\_\_\_\_

**NOTE:** Section 79-215 R.R.S. provides that if the student is homeless or if the adult does not have 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 the student shall also sign the form.

- This child is homeless, which is the reason the items were left blank.
- This adult does not have a phone number or address where they may generally be reached during the school day.



# REFUSAL OF IMMUNIZATION

For Medical Reasons

As the physician of:

Child's Last Name	First Name	Age
Birth Date	School	Grade

A. I have elected to not immunize this student against the following disease(s): (check box\*)

- Diphtheria.....
- Tetanus .....
- Pertussis .....
- Polio .....
- Measles (Rubeola).....
- Mumps .....
- Rubella (German Measles).....
- Hepatitis B.....
- Varicella (chickenpox) .....

In my opinion, this/these immunization(s) would be injurious to the health and well-being of

- The student.....
- A member of the student's household or family .....

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

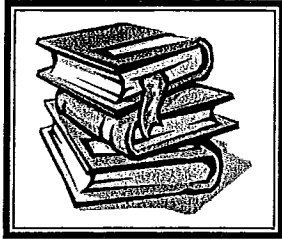
\_\_\_\_\_  
Date

\* Each disease for which a vaccine has not been administered must be checked. Parent/ guardian must submit dates of immunization for all other diseases.

Printed from the Nebraska Health and Human Services System Web site.

[http://www.hhs.state.ne.us/imm/school\\_i.htm](http://www.hhs.state.ne.us/imm/school_i.htm)





**District Administration**  
**Ashland-Greenwood Public Schools**  
 1200 Boyd Street  
 Ashland, NE 68003  
 402-944-2128

**REQUEST FOR MS/HS STUDENT RECORDS**

In accordance with State and Federal Law, this form authorizes the Ashland-Greenwood Public Schools to request written and verbal information for the purpose of legitimate educational interests and planning for:

Name of Student: \_\_\_\_\_ DoB: \_\_\_\_\_  
 Previous School Name: \_\_\_\_\_ Grade Last Yr. \_\_\_\_\_

Records requested are:

\_\_\_\_\_ Cumulative school records including, but not limited to: directory information, attendance records, transcripts, health records, standardized test results, and activities participation.

\_\_\_\_\_ Subsidiary school records, specifically:  
 Student Assistance Team information  
 Multi-Disciplinary Team Reports, including:  
     Psychological testing results  
     Speech/language/hearing results  
     Occupational therapy results  
     Physical therapy results  
     Individualized Education Plans (IEPs)  
     Section 504 Records and Plans

\_\_\_\_\_ Disciplinary Records  
 \_\_\_\_\_ High Ability Records  
 \_\_\_\_\_ Outside Agency Reports

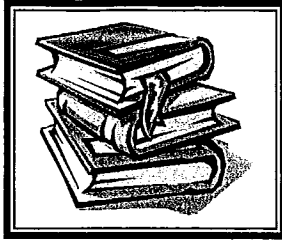
\_\_\_\_\_ Other Records as listed below:  
 \_\_\_\_\_  
 \_\_\_\_\_

Records are **REQUESTED FROM**:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Records should be **SENT TO**:  
 Registrar  
 Ashland-Greenwood Middle School/High School  
 1842 Furnas  
 Ashland, NE 68003  
 Phone: (402) 944-2114 FAX: (402) 944-2116

\_\_\_\_\_  
 (parent/guardian signature; student signature if 18 or older)

\_\_\_\_\_  
 (date)



**District Administration**  
**Ashland-Greenwood Public Schools**  
**1200 Boyd Street**  
**Ashland, NE 68003**  
**402-944-2128**

**REQUEST FOR ELEMENTARY STUDENT RECORDS**

In accordance with State and Federal Law, this form authorizes the Ashland-Greenwood Public Schools to request written and verbal information for the purpose of legitimate educational interests and planning for:

Name of Student: \_\_\_\_\_

DoB: \_\_\_\_\_

Previous School Name: \_\_\_\_\_

Grade Last Yr. \_\_\_\_\_

Records requested are:

\_\_\_\_ Cumulative school records including, but not limited to: directory information, attendance records, transcripts, health records, standardized test results, and activities participation.

\_\_\_\_ Subsidiary school records, specifically:  
 Student Assistance Team information  
 Multi-Disciplinary Team Reports, including:  
     Psychological testing results  
     Speech/language/hearing results  
     Occupational therapy results  
     Physical therapy results  
     Individualized Education Plans (IEPs)  
     Section 504 Records and Plans

\_\_\_\_ Disciplinary Records  
 \_\_\_\_ High Ability Records  
 \_\_\_\_ Outside Agency Reports

\_\_\_\_ Other Records as listed below:  
 \_\_\_\_\_  
 \_\_\_\_\_

Records are **REQUESTED FROM**:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Records should be **SENT TO**:  
 Registrar  
 Ashland-Greenwood Elementary School  
 1200 Boyd  
 Ashland, NE 68003  
 Phone: (402) 944-7083 FAX: (402) 944-3515

\_\_\_\_\_  
 (parent/guardian signature; student signature if 18 or older)

\_\_\_\_\_  
 (date)