

**Kearney Public Schools
REGISTRATION FORM**

Today's Date			Student Information			
Preferred Name (if different from legal)						
Legal Last Name		Legal First Name		Legal Middle Name		
Home Address (PO Box if required)		City, State, Zip		County of Residency	Primary Phone #	
Date of Birth	Age	Gender	Grade	Where Student was born—City, State	Social Sec. #	
School Entry Date	Ethnicity (check only one)					
	☐ White ☐ Hispanic ☐ Black ☐ Asian or Pacific Islander ☐ American Indian/Alaska Native					
Is a Second Language spoken in your Home?			☐ No ☐ Yes Language?			
Name of Last School attended		Address		City/State	Zip	
Special Programs your child has been in?		☐ Title 1 ☐ KPS Preschool ☐ High Ability Learner (HAL) ☐ English Language Learner (ELL) ☐ Special Ed				
Family Information						
Father's Last/First Name		Mother's Last/First Name		Guardian's Last/First Name		
Father's Occupation		Employer	Work phone #		Cell #	
Mother's Occupation		Employer	Work phone #		Cell #	
Guardian's Occupation		Employer	Work phone #		Cell #	
Student Lives with:	☐ Mother/Father ☐ Mother ☐ Father ☐ Guardian ☐ Mother/Step Father ☐ Father/Step Mother ☐ Self ☐ Other Explain:					
Siblings under age 20 living in household:						
Last Name		First		KPS School they attend	Grade	
1)						
2)						
3)						
4)						
Email (Father/mother/guardian)						
2nd Mailing Information						
Name		Address		Home Phone #	Work Phone # Cell #	
Is there a legal restraint document to keep on file regarding child custody or parent rights?				☐ Yes ☐ No		
In case of emergency or early release, I give my child permission to go to or with:						
Name		Phone #		Cell #		
Name		Phone #		Cell #		
Name		Phone #		Cell #		
Student's Physician				Phone #		
In case of illness or injury at school, which requires immediate medical attention, and I cannot be reached, please call the above named family physician, or, if he/she is unavailable, another qualified physician.						
Signature:			Date:			

Registered by _____