

Student Enrollment/Census Information Sheet**Pierce Elementary School**Pierce, Nebraska
402-329-4302

Student's full name: _____

Today's Date: _____

Last First Middle

Gender: Male _____ Female _____

Grade: _____

Birthdate _____ Birthplace _____

Copy of Birth Certificate on file Yes ___ NO ___

Address _____ City _____ State _____ Zip Code _____

Home Phone _____

Is this student Hispanic/Latino? Yes ___ No ___**What is this student's race? (check all that apply)** ___ American Indian ___ Asian ___ African American
___ Native Hawaiian or Pacific Islander ___ White**Is any member of the household a veteran?** Yes ___ No ___ If so, whom? _____**School Information-** Are you a resident of Pierce Public Schools District 2? Yes ___ No ___

If no, what is the school district of residence? _____

Has your child attended any other Preschool or school? Yes ___ No ___

If yes, what was the name of the other school? _____

Is this student receiving services for: Speech ___ 504 ___ Title ___ SpEd ___ OT ___ PT ___**STUDENT LIVES WITH: (check ALL that apply)**

___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Foster Parents ___ Relatives ___ Other _____

PARENT/ GUARDIAN INFORMATION (use reverse side if needed)

Please provide legal documents if there are any legal restrictions on who should have access or contact with this student.

Father's name: _____

Relation: _____

Home address: _____ City _____ State _____ Zip code _____

Email address: _____ Cell Phone _____ Can Receive Texts? ___ Yes ___ No

Employer: _____ Work Phone: _____ Home Phone: _____

Mother's name: _____

Relation: _____

Home address: _____ City _____ State _____ Zip code _____

Email address: _____ Cell Phone _____ Can Receive Texts? ___ Yes ___ No

Employer: _____ Work Phone: _____ Home Phone: _____

Step Parent or Guardian's name: _____ Relation: _____

Home address: _____ City _____ State _____ Zip code _____

Email address: _____ Cell Phone _____ Can Receive Texts? ___ Yes ___ No

Employer: _____ Work Phone: _____ Home Phone: _____

Step Parent or Guardian's name: _____ Relation: _____

Home address: _____ City _____ State _____ Zip code _____

Email address: _____ Cell Phone _____ Can Receive Texts? ___ Yes ___ No

Employer: _____ Work Phone: _____ Home Phone: _____

ALL ADDITIONAL CHILDREN (under 19 years of age) LIVING IN THIS HOME (use reverse side if needed)

Name: _____ Date of Birth: _____ Gender ___ M ___ F School: _____

Name: _____ Date of Birth: _____ Gender ___ M ___ F School: _____

Name: _____ Date of Birth: _____ Gender ___ M ___ F School: _____

Emergency Contact Information:

Name: _____ Cell Phone: _____ Home Phone: _____

Parent/ Guardian Signature _____

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