

**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: **Preschool** Preference: AM \_\_\_\_\_ PM \_\_\_\_\_

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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Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_