

Kearney Public Schools REGISTRATION FORM

Student Number _____

Student Information

Preferred Name, if different from legal			Today's Date		School Attending		
Legal Last Name			Legal First Name			Legal Middle Name	
Home Address (PO Box, if required)			City, State, Zip		County		Primary Phone #
Date of Birth	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade	Where student was born		Is the Student Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Entry Date	Ethnicity, check all that apply <input type="checkbox"/> White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native			Is a second language spoken in the home? If so, what language?			
Name of last school attended		City, State of previous school		Special programs your child has been in			
LUNCH PROGRAM I authorize my child to: Check only one		<input type="checkbox"/> Purchase meals only <input type="checkbox"/> Purchase meals and ala carte items <input type="checkbox"/> We qualify for Free/Red meals, permission to purchase extra items					

Family Information

Father's Name			Father email:				
Father's Employer		Father's Occupation		Work phone #		Cell phone #	
Mother's Name			Mother email:				
Mother's Employer		Mother's Occupation		Work phone #		Cell phone #	
Guardian's Name			Guardian email:				
Guardian's Employer		Guardian's Occupation		Work phone #		Cell phone #	
Student lives with:			Is there a legal document regarding custody on file?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this child a Ward of the Court/State?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a computer in your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Siblings under age 20 living in household:

Name	Date of Birth	KPS School they attend	Grade

2nd Mailing Information, if any

If you would like report cards and other school information sent to a non-custodial parent please fill out the 2nd mailing information below

Name		Address		Home phone #		Work phone #		Cell phone #	
Parent/Guardian Signature _____						Date _____			

Please sign in blue or black ink