Shelton Public School Registration/Emergency Care Information

3 ITEMS YOU NEED WHEN REGISTERING

1. Proof of Residency

Proof of Residency in the Shelton Public School district. Your name and address must be on the documents you provide. Examples: Rent receipt, lease agreement, mortgage document, property tax record, voter registration record, current utility bill, government benefits documentation such as Medicare, disability or food stamps.

2. Immunization Records for your child.

3. Certified Birth Certificate

This needs to have the raised seal. (A copy will be made for our files and your original returned)

Person Handling this Registration_____ Date of Enrollment_____

Previous School_____ School Address_____

Student Name_____ **Grade**_____ **Date of Birth**_____

Student Address or PO Box_____

Home Phone_____ (Main)E-Mail_____

Fathers Name_____ Occupation_____

Father's Home Phone_____ Work Phone_____

Mother's Name_____ Occupation_____

Mother's Home Phone_____ Mother's Work Phone_____

Emergency Contact Number(Primary number you want the school to call)_____

In case parent is unavailable call(name)_____#_____

Other Children living in the home attending school_____

_____

List specific Health Problems_____

Place of Birth_____ Family Doctor_____

Primary Home Language_____ Secondary Language_____

Parent(Guardian) Signature_____ Date_____

***Please forward information to: NSSRS Contact, School Nurse, School Counselor, Assessment Coordinators, Teacher(s), Special Education Staff if applicable, School Psychologist, and Administration*

SHELTON PUBLIC SCHOOL

P.O. Box 610, Shelton, NE 68876

www.sheltonbulldogs.org

308-647-6742 District Office
308-647-5459 High School Office
308-647-6558 Elementary Office
308-647-5233 Fax

Brian Gegg-Superintendent
Jeremy Wiesler-Secondary Principal
Jeff Kenton-Elementary Principal
Dan Brown-Counselor
Ron Blasé-AD

REQUEST FOR RECORDS:

_____
(Name of Previous School)

_____
(Previous School Address)

_____
(City)

Student Name_____

Birthdate_____

Grade_____

The above named student has enrolled in our school. Please send the following information:

___Transcript of Credits including withdrawal grades
___ Starndardized Test Scores
___ Academic Attendance Records
___ Health and Immunization Records
___ Special Ed. Files, Psychological, Chapter I Files, etc.

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_____ _____
(Parent/Guardian Signature) (Date)

Please send records to

Dan Brown, Counselor
Shelton Public School
P.O. Box 610
Shelton, NE
68876

This information will be held in strict confidence. Thank you for your assistance!

Enrollment Procedures

PARENT/GUARDIAN MUST ACCOMPANY STUDENT TO ENROLL. NO EXCEPTIONS!

To enroll students for any grade level please bring the following documents:

- Parent/Guardian must bring a valid photo ID.

- **Birth Certificate**, (Passport is also acceptable) to verify the student's name and age.
- **Immunization Record**– New students will not be enrolled unless a written immunization record, provided by a physician or the health department, is presented at the time of enrollment with the following (up- to-date) immunizations:
- **Polio: 4 doses**

- Age 4-6: 3 doses if one was given after the 4th birthday
- Age 7-17: 3 doses if one was given after the 2nd birthday

DTP, DTaP, DT, TD: 5 doses

- Age 4-6: 4 doses if one was given on or after 4th birthday
- Age 7-17: 3 doses if one given on or after the 2nd birthday

Tdap: 1 dose – NO SHOT. NO SCHOOL

- grade 7-12 only
- requirement is for all enrolled students beginning in 2011
- dose must be on or after 7th birthday

MMR: 2 doses

- Both doses given on or after the first birthday

Hepatitis B: 3 doses

- all ages: 3 doses

Varicella

- Age 5-12: 1 dose
- Age 13-18: 2 doses

- Proof of residence-utility bill or rent receipt dated within the last 30 days. Cell phone bills are not acceptable.

Student Name_____

Please answer the Health questions below

Is your child allergic to any medications?
¿Es su niño alérgico a algún medicamento? ☐ Yes ☐ No If yes, please explain
En caso de contestar s', por favor explique

Does your child have any food allergies or intolerances?
¿Tiene su hijo alergica o intolerancias alimentarias? ☐ Yes ☐ No If yes, please explain
En caso de contestar s', por favor explique

Does your child have any other allergies or sensitivities?
¿Tiene su hijo otras alergias o sensibilidad? ☐ Yes ☐ No If yes, please explain
En caso de contestar s', por favor explique

Does your child have any psychiatric, behavioral or emotional concerns?
¿Tiene su hijo preocupaciones psiquiátricas, del comportamiento o emocionales? ☐ Yes ☐ No If yes, please explain
En caso de contestar s', por favor explique

Does your child have asthma or any breathing diffiiculties?
¿Tiene su hijo asma o dificuldades de respiración? ☐ Yes ☐ No If yes, please explain
En caso de contestar s', por favor explique

Has your child had any surgical procedures or operations?
¿Ha tenido su hijo de procedimientos quirúrgicos u operaciones? ☐ Yes ☐ No If yes, please explain
En caso de contestar s', por favor explique

Is your child diabetic?
¿Es su niño diabético? ☐ Yes ☐ No If yes, please explain
En caso de contestar s', por favor explique

Does your child have any kidney or urinary tract problems?
¿Tiene su hijo problemas de riñon o tracto urinario? ☐ Yes ☐ No If yes, please explain
En caso de contestar s', por favor explique

Has your child ever had a seizure or convulsion?
¿Ha tenido su hijo un ataque o convulsión? ☐ Yes ☐ No If yes, please explain
En caso de contestar s', por favor explique

Date of last seizure
Fecha de la úlitma convulsión _____

Does your child have any cardiac/heart conditions?
¿Tiene su hijo condiciones cardiacas/enfermedades de corazon? ☐ Yes ☐ No If yes, please explain
En caso de contestar s', por favor explique

Has your child been diagnosed with any chronic disease or condition?
¿Han diagnosticado a su niño con enfermedad crónica o condición? ☐ Yes ☐ No If yes, please explain
En caso de contestar s', por favor explique

Has your child had any problems with his/her bowels or digestive tract?
¿Ha tenido su hijo problemas con sus intestinos o el tracto digestivo? ☐ Yes ☐ No If yes, please explain
En caso de contestar s', por favor explique

Does your child have any hearing problems or frequent ear infections?
¿Tiene su hijo problemas de audición o infecciones frecuentes del oído? ☐ Yes ☐ No If yes, please explain
En caso de contestar s', por favor explique

Does your child have any vision problems?
¿Tiene su hijo problemas de vision? ☐ Yes ☐ No If yes, please explain
En caso de contestar s', por favor explique

Does your child wear glasses? ☐ Yes ☐ No
¿Su hijo usa lentes?

Does your child wear contacts? ☐ Yes ☐ No
¿Su hijo usa los contactos?

Does your child take any prescription medications? If yes, please list name and dose of medications
¿Toma su nino algun medicamento de receta? En caso afirmativo, por favor escriba el nombre y la dosis de medicaciones

At Home?
¿En casa? ☐ Yes ☐ No _____

At School?
¿En la escuela? ☐ Yes ☐ No _____

Does your child take any over-the-counter medications routinely? If yes, please list name and dose of medications
¿Toma su hijo ningún medicamento de venta libre de la rutina? En caso afirmativo, por favor escriba el nombre y la dosis de medicaciones

At Home?
¿En casa? ☐ Yes ☐ No _____

At School?
¿En la escuela? ☐ Yes ☐ No _____

Any additional information about your child the KPS school nurse should know?
¿Hay información adicional sobre su hijo que la enfermera de la escuela de KPS debe saber?

Print Form