

Lexington Public Schools Registration Form

OFFICE USE ONLY

SCHOOL: _____ GRADE LEVEL: _____ ALERT: _____

Student Information

Student Last Name		First Name		Middle	Sex
Date of Birth		City/State/Country of Birth		Current Grade Level	
Mailing Address			Apt. No.	Home Phone	
Street Address (If Different from Above)			City	Zip Code	
Student's Primary Language			If born abroad, indicate date student arrived in USA.		
Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		ALSO please indicate the student's race:		<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White
		<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	

Family Information

Student lives with		
<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only
<input type="checkbox"/> Other _____		
Mother/Guardian		Relationship
Workplace	Work Phone No.	Cell Phone No.
Father/Guardian		Relationship
Workplace	Work Phone No.	Cell Phone No.

Emergency Information

Neighbors, relatives or friends who might, by mutual agreement, help in case of illness/accident or emergency situation

Name	Relationship to student	Phone
Name	Relationship to student	Phone

Health Information

Does your child have any health problems of which we should be aware, such as:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Food/Medicine Allergy | <input type="checkbox"/> Skin Disorders | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma / Tuberculosis | <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Ear Problem | <input type="checkbox"/> Epilepsy (Seizures) | <input type="checkbox"/> Urinary Problems |
- Other or give specifics as to any health problems indicated above: _____

Indicate all medication that your child takes regularly: _____

Please specify which of these medications, if any, will have to be taken in school and how often: _____

Authorizations/Waivers

Student's Full Name: _____ Date of Birth: _____

The State of Nebraska requires evidence of a physical and visual exam by a qualified physician, PA, APRN, or an optometrist within 6 months prior to the entrance of the child into Kindergarten and the 7th grade (the visual exam doesn't apply to 7th graders), or in the case of a transfer from out-of-state to any other grade, unless a parent or guardian of the child objects in writing by checking the box below.

- I understand that Lexington Public Schools has informed me of the physical and visual exam requirements and **I object** to providing a physical and/or visual exam for my child.

Please read carefully and choose any/all of the following statements:

- I AUTHORIZE the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of the school day, field trips, and school-related activities.

I only **object** to the following treatment(s) _____

- I give permission for any relevant health information of my child, necessary for educational planning and/or student safety, to be shared among appropriate personnel who serve the student (for example: nurses, teachers, coaches, or staff member administering medication.).

- I DECLINE to grant permission for the emergency medical treatment of the above named student by a doctor and this will further certify that I, hereby, release and forever discharge the LEXINGTON PUBLIC SCHOOLS, its members, agents, representatives and its employees from any/all liabilities of any nature whatever from any injury, harm or complication of any kind that may result, directly or indirectly, by reason of my refusal and failure to grant the permission for emergency medical treatment to the above named student and by my refusal and failure to furnish all of the information requested directly above.

Field Trips: Over the course of the year, your child may have the opportunity to participate in educational field trips requiring your child to leave the school grounds. Do you give your child permission to participate? Check below:

- Yes, I give permission No, I do not give my permission

Photo Release: Your child's photo may be taken for inclusion in the district publications or in local newspapers or magazine articles or letters relating to school activities. Do you give your permission for these types of photos to be taken of your child. Please check below:

- Yes, I give permission No, I do not give my permission

Signature: _____ Date: _____ Relationship: _____

Language and Educational History Questionnaire

Name _____ Date _____

Grade _____ Age _____ DOB _____ School _____

Home Language Survey

1. What language did the student first learn to speak? _____
2. What language is spoken most often by the student? _____
3. What language is primarily used in the student's home regardless of the language spoken by the student? _____

Educational Background Survey

1. Has the student ever received instruction for English as a Second Language? _____
2. Has the student ever received their primary instruction in a language other than English? _____
If yes, what language? _____
3. Has the student received special education services? _____
If yes, what services? _____
4. Has the student ever been retained at a grade level? _____
If yes, what grade? _____
5. I give my permission for the student named above to receive academic placement testing, as needed, by Lexington Public Schools.

Parent/Guardian Signature

Were parents asked if an interpreter was needed? _____
Did parents request an interpreter? _____
Was an interpreter used during the enrollment? _____
Was the enrollment interview conducted in the person's native language? _____

School Communications Consent

Why is my school asking me to okay receiving telephone calls or text messages?

Under a federal law originally designed to protect consumers from telemarketers, we have to get your permission to send **non-emergency** messages to a mobile phone by voice call or SMS text. It's also just a good idea, so that we're sure the message is going to the right phone number for the right person. This permission only is needed for automated voice calls and texts. Permission isn't necessary for other calls from the school, like you might get directly from a teacher, principal, or other staff member.

My school says it has InfoCenter. What is it?

InfoCenter is a free web and mobile app that gives you access to school notifications of all types (text messages, voice, email) inside a single inbox. You can also change your contact preferences and adjust contact numbers in the web app, available from any Internet-enabled device.

How do I sign up for InfoCenter and provide permission?

The easiest way is to visit the SchoolMessenger InfoCenter website at <https://schoolmessenger.com/start>. Create an account by clicking "Sign Up" on the top right menu, **using the email address that you have provided to the school. If you have not provided an email address, you will need to contact the school offices.** Then you can choose how you want to be contacted based on the category of message (from emergencies to school activities) and provide contact permission. You will also be able to listen to and read messages from the school for the previous 30 days so you don't miss a thing, including alerts, notifications and attachments. You can also sign back in to change your preferences at any time.

Opt in for SMS Text Alerts to your cell phone

There are 2 ways to opt in:

1. Ensure your preferred mobile device number is on file with your school(s). Text **YES** from the device(s) to **67587**.
2. Simply scan the QR code with your smartphone then hit send.

I give Lexington Public Schools consent to send non-emergency school communications via the methods below:

TELEPHONE _____

Home Phone: _____

Mother Cell Phone: _____

Father Cell Phone: _____

EMAIL ADDRESS: _____

SMS TEXT QR CODE



MOTHER NAME: _____ FATHER NAME: _____

STUDENT(S) NAME(S): _____ SCHOOL BUILDING: _____

Lexington Public Schools
300 S. Washington
Box 890
Lexington, NE 68850-0890
Ph: 308-324-4681 / Fax: 308-324-2528

URGENT Please fax:
 Birth Certificate
 Vaccine records
 Transcript
To fax number: 308-324-2528

REQUEST FOR STUDENT RECORDS

I hereby request and authorize the release of student records of:

Student Name	Grade	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous School Information:

_____	Phone
Address	City-State-Zip Code

In order to complete our records, please send complete data on the student(s) listed above at your earliest convenience. Specifically:

- | | |
|--|--|
| <input type="checkbox"/> Cumulative School Records (the most recent transcript) | <input type="checkbox"/> Progress Report |
| <input type="checkbox"/> Activity Records | <input type="checkbox"/> Attendance Record (including Withdrawal Date) |
| <input type="checkbox"/> Standardized Achievement and Aptitude Test Results | <input type="checkbox"/> Health and Immunization Records |
| <input type="checkbox"/> Copy of Certified Birth Certificate | <input type="checkbox"/> All other information important in aiding educational |
| <input type="checkbox"/> Special Education Records (psychological testing reports, speech, visual and/or hearing records, IEP) | <input type="checkbox"/> All of the above |

_____	_____
Signature of Parent/Legal Guardian/Adult Student	Date Signed



Please send records to the school circled below
If one is not circled, please send records to the address in the header

Bryan Elementary
1003 N. Harrison
Lexington, NE 68850
Ph: 308-324-3762
Fax: 308-324-7471

Pershing Elementary School
1104 N. Tyler
Lexington, NE 68850
Ph: 308-324-3765
Fax: 308-324-2665

Lexington Middle School
1100 N. Washington
Lexington, NE 68850
Ph: 308-324-2349
Fax: 308-324-6612

Morton Elementary School
505 S. Lincoln
Lexington, NE 68850
Ph: 308-324-3764
Fax: 308-324-2138

Sandoz Elementary School
1711 N. Erie
Lexington, NE 68850
Ph: 308-324-5540
Fax: 308-324-2350

Lexington High School
1400 Minuteman Drive
Lexington, NE 68850
Ph: 308-324-4691
Fax: 308-324-1280