

Student Enrollment/Census Information Sheet

Pierce Elementary School

Pierce, Nebraska
402-329-4302

Student's full name: _____
Last First Middle

Today's Date: _____

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: _____

Emergency Contact Information:

Name: _____ Cell Phone: _____ Home Phone: _____

Parent/ Guardian Signature _____

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Parent/ Guardian Signature _____