



2018- 2019 Student Census Information Elementary School

School:
Grade:
Date:

Your signature at the end of the form is required.

SECTION I: Student General Information (Demographics)

Legal Last Name		Legal First Name		Legal Middle Name		Suffix		Grade	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
*Home Language	*Language To Home	*First Language Spoken	*Primary Language		Preferred First Name				
Birth Date (MM/DD/YYYY)	Birth Place (City)		Birth State	Birth Country		If Birth Country Outside U.S. <input type="checkbox"/> Refugee <input type="checkbox"/> Migrant <input type="checkbox"/> Foreign			
Race and Ethnicity (Complete Both Part A and B)									
Part A. Hispanic/Latino (Person(s) of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No									
Part B. Race/Ethnicity (Mark all that apply): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native									
Student Address & Phone <input type="checkbox"/> Mail same as Home Address									
Home Address:			City:	State:	Zip:	Home Phone:			
Mailing Address:			City:	State:	Zip:	Student Cell Phone:			

SECTION II: Parents/Guardians

Mother										
Last Name		First Name		MI	Suffix		Title	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Maiden Name	
<input type="checkbox"/> Live With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release To <input type="checkbox"/> Deceased										
Email:			Employer:				<input type="checkbox"/> Active Military/Nat Guard			
Home Address:			City:		State:		Zip:			
Mailing Address:			City:		State:		Zip:			
Primary	Check Text to receive auto messages via text			Phone		Extn	Auto Messages/Contact		Not Listed	
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text						<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text						<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text						<input type="checkbox"/>		<input type="checkbox"/>	
Father										
Last Name		First Name		MI	Suffix		Title	Gender <input type="checkbox"/> F <input type="checkbox"/> M		
<input type="checkbox"/> Live With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release To <input type="checkbox"/> Deceased										
Email:			Employer:				<input type="checkbox"/> Active Military/Nat Guard			
Home Address:			City:		State:		Zip:			
Mailing Address:			City:		State:		Zip:			
Primary	Check Text to receive auto messages via text			Phone		Extn	Auto Messages/Contact		Not Listed	
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text						<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text						<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text						<input type="checkbox"/>		<input type="checkbox"/>	
Adult										
Relationship	Last Name		First Name		MI	Suffix		Title	Gender <input type="checkbox"/> F <input type="checkbox"/> M	
<input type="checkbox"/> Live With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release To <input type="checkbox"/> Deceased										
Email:			Employer:				<input type="checkbox"/> Active Military/Nat Guard			
Home Address:			City:		State:		Zip:			
Mailing Address:			City:		State:		Zip:			
Primary	Check Text to receive auto messages via text			Phone		Extn	Auto Messages/Contact		Not Listed	
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text						<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text						<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text						<input type="checkbox"/>		<input type="checkbox"/>	

*Home Language - Language spoken at home; Language To Home - Preferred correspondence language from school to home;
First Language Spoken - First language spoken by student; Primary Language - Student's primary language



SECTION II: Parents/Guardians (Continue)

Adult

Relationship	Last Name	First Name	MI	Suffix	Title	Gender <input type="checkbox"/> F <input type="checkbox"/> M
<input type="checkbox"/> Live With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release To <input type="checkbox"/> Deceased						
Email:		Employer:			<input type="checkbox"/> Active Military/Nat Guard	
Home Address:		City:	State:		Zip:	
Mailing Address:		City:	State:		Zip:	
Primary	Check Text to receive auto messages via text		Phone	Extn	Auto Messages/Contact	Not Listed
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text				<input type="checkbox"/>	<input type="checkbox"/>

Adult

Relationship	Last Name	First Name	MI	Suffix	Title	Gender <input type="checkbox"/> F <input type="checkbox"/> M
<input type="checkbox"/> Live With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release To <input type="checkbox"/> Deceased						
Email:		Employer:			<input type="checkbox"/> Active Military/Nat Guard	
Home Address:		City:	State:		Zip:	
Mailing Address:		City:	State:		Zip:	
Primary	Check Text to receive auto messages via text		Phone	Extn	Auto Messages/Contact	Not Listed
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text				<input type="checkbox"/>	<input type="checkbox"/>

All persons 21 years of age and under, in the household (exclude graduates)

Last Name	First Name	MI	Birth Date MM/DD/YY	Gen der	Ethnicity/ Race	Birth City	Birth State or Country	Grade	School Attending

SECTION III: Emergency Contact

Order of Contact	Relationship	Name	Home	Work		Other	Release To
			Phone	Phone	Extn	Phone	
1							<input type="checkbox"/> Yes <input type="checkbox"/> No
2							<input type="checkbox"/> Yes <input type="checkbox"/> No
3							<input type="checkbox"/> Yes <input type="checkbox"/> No
4							<input type="checkbox"/> Yes <input type="checkbox"/> No
5							<input type="checkbox"/> Yes <input type="checkbox"/> No

Child Care Provider:

Phone:

Parental Consent - Consent given will herein remain in effect until changed in writing by the parent/guardian.

- I grant permission for my child/student to be photographed for the purposes of my child's class picture and/or yearbook. Yes No
- I grant permission for my child/student to be photographed, videotaped, audio taped or recorded in class or in school, consent to and waive any privacy rights with regard to the display of such photographs, broadcasts, recordings, etc. in presentations, publications, websites, social media, news, radio, TV and other means. Yes No
- I grant permission for my child to participate in approved field trips. Yes No
- I grant permission for educational information contained in the school's files and records to be released to post-high school educational institutions. Yes No
- I am aware of my child's school arrival/dismissal procedures and will plan for drop off and pick up accordingly. Yes No
- ConnectEd is a program that allows your student to access Lincoln City Library materials with their LPS student number. Your consent allows for that account to be created and used. Yes No

It is the responsibility of the parent/guardian to update telephone number and Email Address information through the school office.

Signature of Parent or Guardian _____

Date _____

NOTE: See important information booklet, Directory Information, for details about the release of information.

Student Name	Student ID Number	Return to school by:
School	Grade	Teacher

Parental Acknowledgement of Instructional Technologies in LPS Elementary Classrooms

Computing Devices

Student computing devices support digital curriculum and instruction within Lincoln Public Schools (LPS) classrooms. The device used by students will vary by student age, ability, and learning situation (Chromebooks, tablets, etc.).

Internet Use

The computing devices used by students can access the internet as well as running applications, allowing learners to engage with digital curriculum and participate in other learning opportunities.

Data Protections

Students may sign into online tools using their LPS accounts. LPS takes this exchange of data very seriously and works to protect the identifiable information of students. For more information visit LPS.org keyword: ITT.

Behavioral Expectations

Use of the devices is a privilege and students must demonstrate appropriate caution and responsibility when using them. Teachers will discuss building and classroom expectations for responsible technology use with students.

REGARDING FINANCIAL LIABILITY:

In LPS elementary schools, families are only held liable for **acts of vandalism** (willful destruction of property) by their student.

AS PARENT / GUARDIAN:

- I acknowledge and authorize that my child will use an internet-enabled LPS Student Computing Device.
- I acknowledge that the use of the device is a privilege not a right, and that my child will comply with LPS School Board Policies when using the device. For more information see the 'Technology Resources and Use' section of the 'LPS Important Information Book' available at LPS.org keyword: "important".
- I grant permission for LPS to provide selected information required for my child to use online or other equipment or instructional technology tools approved by the LPS Instructional Technology Tool Evaluation Committee. I further consent that LPS may provide such information on my behalf under the Children's Online Privacy Protection Act, Children's Internet Protection Act, Protection of Pupil Rights Amendment, Family Educational Rights and Privacy Act, and other federal or state law.
- I specifically agree to indemnify and hold Lincoln Public Schools harmless from all liability, damages, claims, costs, expenses or other charges of any kind or nature whatsoever resulting from my child's use of the LPS device or from any unauthorized use or content viewed on or downloaded to the device.
- I acknowledge that this authorization will apply for the duration of my child's enrollment in an LPS elementary building.

I would like my student to fully participate in digital learning through the use of LPS student computing devices.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

TO DECLINE, initial at right indicating that your student should **not** be allowed to use computing devices of any type in any LPS classroom, Computer Science lab, Libraries, or any other areas, with the exception of completing required LPS & State assessments.

NO	
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AUTHORIZATION FOR RELEASE OF INFORMATION
Department of Student Services
Lincoln Public Schools

Form for Student Records Release–Non-Medical Provider

PART I Identification

Student's Name: _____ Date of Birth: _____
Disclosing Party: _____ School: _____
Address: _____ City: _____ State: _____ Zip: _____

PART II Release of information to LPS by Another School, Entity or Person

I hereby authorize the Disclosing Party and its employees and agents to disclose education and other records in the possession or control of the Disclosing Party to LPS.

1. YOU ARE AUTHORIZED TO DISCLOSE THE FOLLOWING RECORDS AND INFORMATION:

- All records about Student and any other information requested by LPS
- Scholastic Grades Psychological Evaluations Activity Records Discipline Records
- Health Records Standardized Test Scores Special Education Records

2. THIS AUTHORIZATION IS VALID UNTIL: _____ (Note: Unless otherwise stated, I request that this authorization be considered as valid for 12 months from date of signature)

PART III Release of information by LPS to Another School, Entity or Person

I hereby authorize LPS and its employees and agents to disclose education and other records in its possession or control to: _____

(Name of School, Entity, or Business to which records are to be sent)

1. YOU ARE AUTHORIZED TO DISCLOSE THE FOLLOWING RECORDS AND INFORMATION:

- All records about Student and any other information requested by Recipient
- Scholastic Grades Psychological Evaluations Activity Records Discipline Records
- Health Records Standardized Test Scores Special Education Records

2. THIS AUTHORIZATION IS VALID UNTIL: _____ (Note: Unless otherwise stated, I request that this authorization be considered as valid for 12 months from date of signature)

3. PURPOSE: What is the purpose of the requested disclosure? _____

PART IV FERPA Notice

Provisions of the Family Education Rights and Privacy Act (FERPA) require parental or guardian permission in order to release nondirectory information about students under 18 years of age. Those individuals 18 years of age or over may have information released upon the authorization of their own signature. Lincoln Public Schools will provide copies of records at the request of another school district where the student seeks or intends to enroll. Records from other sources (i.e., letters from non-school staff members, hospital reports or outside assessment agencies, etc.) which are used in educational planning and have been placed in the student's record at the parent's request will be forwarded.

PART V Send Records to LPS at: Name _____
Address _____
Lincoln, NE 685 _____

For Questions Contact: Lincoln Public Schools, Department of Student Services
590) O Street, Lincoln, NE 68510
Phone: (402) 436-1688

Signature of Parent (or Student if of Age of Majority)

Date

Contact Information (Address & Phone)

Note: If medical or health records are needed by LPS from a health care provider, such as a hospital, clinic, or doctor, you will be requested to sign a separate Authorization for Release of Health Information form.



Humann Elementary School

6720 Rockwood Lane • Lincoln, NE 68516 • (402) 436-1145

Student's Legal Name: _____

Student's Preferred Name: _____

Enrolling Parent: _____

Grade: _____ Previous School: _____

Student's Reading Level Above On Below

Student's Math Level Above On Below

Individual Education Plan Yes No

English Language Learner Yes No

What is your student's favorite subject: _____

What are some of your student's strengths: _____

What area(s) would you like to see your student improve _____

Does your student have any health concerns (allergies, asthma, etc.) _____

Any other information you think their teacher should know _____

For Office Use:

Start Date: _____ Homeroom: _____ Math: _____

Add to Synergy Notify Teachers/Specialist Lunch Card Request File

IMMUNIZATION REQUIREMENTS
Health Services Department
Lincoln Public Schools
Lincoln, Nebraska

Requirements for Immunizations:

Nebraska Law requires that students shall be protected against poliomyelitis, Diphtheria, Pertussis, Tetanus (DPT), Measles, Mumps, Rubella (MMR), Hepatitis B, and Varicella (chicken pox). Any student who does not comply with immunization requirements shall not be permitted to continue in school until he or she shall so comply. A student may be provisionally enrolled if he or she has begun the immunizations required under Nebraska Law. For more information, please contact the school nurse in your student's building of enrollment or call 436-1655.

All students enrolling at the beginner grade (kindergarten or first grade) through twelfth grade, including out of state transfers to any grade, are required to show record of: Three doses of DtaP, DTP, DT, or Td vaccine with at least one dose given no earlier than four (4) days before the fourth birthday; three doses of Polio vaccine; 2 doses of MMR vaccine with the first dose given no earlier than four (4) days before the first birthday and the two doses separated by at least 28 days; two doses of Varicella, with the first dose given no earlier than 4 days before the first birthday and each dose given at least 28 days apart OR provide a signed parent/guardian statement of past history of chicken pox disease, including year of illness; three doses of pediatric Hepatitis B vaccine, or if the alternate Hepatitis B schedule is used, two doses of adult Hepatitis B vaccine specified for adolescents 11-15 years of age. The alternate two-dose schedule must be administered with at least 112 days between #1 and #2, and must be completed before the 16th birthday.

Additional Note: One Tdap (Tetanus, diphtheria, acellular pertussis) is required for entry to 7th grade. The vaccination can be given after the seventh birthday depending on the brand of vaccine received and prior to entry to 7th grade.

Doses must meet minimum interval guidelines to be considered valid.

Hepatitis B Minimum Intervals:

- a) 28 days minimum between dose #1 and #2
- b) 112 days minimum between dose #1 and #3
- c) 56 days minimum between dose #2 and #3
- d) The minimum age for dose #3 is 164 days of age

Please submit a copy of your student's immunization record to the Health Office.

For waiver information please call 436-1655 or contact the school nurse at the school of enrollment.