

ASHLAND-GREENWOOD PUBLIC SCHOOLS
Student Admission Checklist

NAME OF STUDENT SEEKING ADMISSION: _____

NOTE TO PARENTS SEEKING TO ENROLL NEW STUDENTS: This checklist summarizes the various requirements of Ashland-Greenwood Board of Education policy and Nebraska law regarding the enrollment of new students. Providing evidence of meeting all items on the checklist is a prerequisite to full enrollment with class attendance privileges.

Residency

If a student lives within the physical borders of the Ashland-Greenwood school district, he or she is eligible to enroll. Students not residing within the district may be eligible to enroll provided other requirements are met; those requirements will be addressed on a case by case basis.

Age

Students shall not be admitted to kindergarten unless they have reached or will reach the age of five on or before July 31 of the current school year. Upon reaching age 21, students are no longer eligible for continued attendance privileges.

Not Currently Expelled

Students currently expelled from another school district will not be enrolled until such time as the expulsion period enacted by the previous school has expired.

Admission Information Forms

The "Admission Information Form" (included in this packet) and the "Statement of Person in Legal or Actual Charge of a Child" form (included in this packet) must be completed and signed as indicated.

Birth Certificate, Immunization, Physical Examination, and Visual Evaluation Requirements

Nebraska law requires that the parents or legal guardian furnish the following documents to the school:

- a) A certified copy of the student's birth certificate issued by the state in which the child was born, prior to admission of a child for the first time. Other reliable proof of the child's identify and age, accompanied by an affidavit explaining the inability to produce a copy of the birth certificate, may be used in lieu of a birth certificate. An affidavit is defined as a notarized statement by an individual who can verify the reason a copy of the birth certificate cannot be produced.
- b) Evidence of a physical examination by a physician, physician assistant, or an advanced practice registered nurse, within six months prior to the entrance of the child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade, unless the parent or legal guardian submits a written statement objecting to a physical examination.
- c) Evidence of a visual evaluation by a physician, a physician assistant, an advanced practice registered nurse, or an optometrist, within six months prior to the entrance of the child into the beginner grade or, in the case of a transfer from out of state, to any other grade, unless the parent or legal guardian submits a written statement objecting to a visual evaluation. The visual evaluation is to consist of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity.
- d) Evidence of protection against diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella, Hepatitis B, Varicella (chicken pox) and Haemophilus Influenzae type b (Hib) and other diseases as required by applicable law, by immunization, prior to enrollment. Exceptions are allowed based on: (1) written statement by health care provider that immunization would be injurious to the student or a family member or (2) affidavit of a religious reason for non-immunization. Provisional enrollment is allowed based on: (1) written statement of health care provider that immunizations have begun, and immunization is continued as rapidly as medically feasible and (2) written statement of parent or guardian that immunizations have been completed, where the child's parent is in the military, the child is enrolling following residence outside the state, and proof of immunization is given within 60 days. Refer to HHS regulations, 173 NAC 3. Forms to submit objections are available from the school.

The following information is provided to assist a parent or guardian in receiving information regarding free or reduced-cost visual evaluations for low-income families who qualify: Information about free or reduced-cost visual evaluations may be obtained from the Nebraska Optometric Association (NOA), <http://www.noaonline.org/>, 201 North 8th Street, Suite 400 P.O. Box 81706, Lincoln, NE 68501--Fax 402-476-6547--Phone 402-474-7716. To identify a participating SEE TO LEARN doctor nearest you, call 1-800-960-3937. For assistance from VISION USA call 1-800-766-4466. In addition, Lions Clubs throughout Nebraska are committed to assisting disadvantaged families by sponsoring eye exams and eyewear. NOA member doctors will provide eye exams at no cost if no other resources are available.

ASHLAND-GREENWOOD PUBLIC SCHOOLS
Statement of Person Other Than a Parent in Legal or Actual Charge or Control of a Child
Submitted for Purposes of School Enrollment

The undersigned states that I am an adult in legal or actual charge or control of _____, a child
(child's name)

who resides in this school district at _____.
(child's address)

I state that I have been entrusted with, or assumed, day-to-day care and full-time supervision of, and responsibility for, the child and have been given the authority to act as parent or guardian in educational matters as established by (check all that apply):

- a court or testamentary appointment as a legal guardian (attach copy), and/or
- a power of attorney delegating such parental powers (attach copy), and/or
- through an in loco parentis designation by a parent in which I have been authorized to stand in the place of the parent in caring for and raising the child (attach any written documentation of such designation), and/or
- through any contract or judicial or administrative proceeding placing the child in such a living arrangement (attach copy of such documents), and/or
- through some other set of circumstances (please explain on a separate sheet).

I understand that I may be requested to provide additional information regarding this child. The names and current or last known address of his or her parents are:

I understand that I will be responsible for, and will be expected to make, decisions regarding education (including, but not limited to, records, discipline, and special education unless otherwise provided under special education laws and regulations), emergency medical care, and other matters for this child while in legal or actual charge or control of this child, and I state that I have the authority to take such responsibility and to make such decisions and to so act. I also understand that I will have responsibilities under the state truancy laws to cause this child to attend school.

 Signature of Adult in Legal or Actual Charge or Control

Date: _____

 Home Address of Adult in Legal or Actual Charge or Control

Home Phone: _____

 Daytime Work Address

Daytime Work Phone: _____

NOTE: Section 79-215 R.R.S. provides that if the student is homeless or if the adult does not have phone number and address where he or she may generally be reached during the school day, those parts of the form may be left blank and a box may be marked acknowledging that these are the reasons these parts of the form were left blank. The adult with legal or actual charge or control of the student shall also sign the form.

- This child is homeless, which is the reason the items were left blank.
- This adult does not have a phone number or address where they may generally be reached during the school day.

Ashland-Greenwood Student Information

SECTION I: Student General Information (Demographics)

Legal Last Name: _____	Legal First Name: _____	Legal Middle Name: _____	Grade: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birth Date: (MM/DD/YYYY): _____		Birth Place (city, state): _____		
Birth Country: _____		If Birth Country Outside US: <input type="checkbox"/> Refugee <input type="checkbox"/> Migrant <input type="checkbox"/> Foreign Entry Date to USA: _____		
Home Language: _____		First Language Spoken: _____		Primary Language: _____
Is the child a Ward of the State? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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: <input type="checkbox"/> Mail same at Home Address				
Home Address: _____		City: _____	State: _____	Zip: _____
Mailing Address: _____		City: _____	State: _____	Zip: _____
County: _____		Home Phone: _____		

SECTION II: Parents/Guardians

Parent/Guardian:				
<input type="checkbox"/> Mother <input type="checkbox"/> Father				
Last Name: _____		First 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"/> Released 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 all that apply		Phone	
<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"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text		_____	
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text		_____	
Parent/Guardian:				
<input type="checkbox"/> Mother <input type="checkbox"/> Father				
Last Name: _____		First 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"/> Released 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 all that apply		Phone	
<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"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text		_____	
<input type="checkbox"/>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Text		_____	

SECTION II: Parents/Guardians (Continued)

Adult:
 Relationship: _____ Last Name: _____ First Name: _____
 Live With Contact Allowed Ed. Rights Has Custody Mailings Allowed Released To
 Email: _____ Employer: _____ Active Military/Nat Guard
 Home Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Primary Check all that apply Phone
 Cell Home Work Text _____
 Cell Home Work Text _____
 Cell Home Work Text _____

Adult:
 Relationship: _____ Last Name: _____ First Name: _____
 Live With Contact Allowed Ed. Rights Has Custody Mailings Allowed Released To
 Email: _____ Employer: _____ Active Military/Nat Guard
 Home Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Primary Check all that apply Phone
 Cell Home Work Text _____
 Cell Home Work Text _____
 Cell Home Work Text _____

Census Report: All children 18 years of age and under

Name: _____ Gender: _____ Date of Birth: _____
 Name: _____ Gender: _____ Date of Birth: _____
 Name: _____ Gender: _____ Date of Birth: _____
 Name: _____ Gender: _____ Date of Birth: _____
 Name: _____ Gender: _____ Date of Birth: _____

SECTION III: Emergency Contacts:

Order of Contact	Relationship	Name	Home Phone	Cell Phone	Release to
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

Parental/Guardian 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 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

It is the responsibility of the parent/guardian to update telephone number and email address information through the office. Note: See school Handbook on agps.org, directory information, for details about the release of information.

SECTION IV: Educational & Medical Information:

Vision (check if applicable):

____ Wears Glasses ____ To be Worn at all times ____ Wears Contacts ____ To be Worn at all Times ____ Requires preferential Seating

Comments: _____

Hearing (check if applicable):

____ Has Hearing problem ____ Has Tubes in Ears ____ Uses Hearing Aid ____ Requires Preferential Seating

Comments: _____

SPECIAL EDUCATION SERVICES PROVIDED: Yes No

504 SERVICES PROVIDED: Yes No

GENERAL HEALTH:

1. The following medical conditions exist (please describe): _____

2. The following allergies exist (please list): _____

3. List medications prescribed and indicate if school-time administration is required: _____

NOTE: School-time administration, whether by school staff or self-administration, requires completion of additional authorization forms. Please contact the School Nurse to complete that process.

Pain Relievers/Other Non-Prescription Medicaitons: Parents of *elementary students* who wish their children to have non-prescription medicines such as Tylenol and cold tablets during the school day must provide written parental permission along with the non-prescription medicine itself. School personnel may provide middle school/high school students non-aspirin based pain relievers (ie Tylenol, Ibuprofen) as needed if permission is indicated below –

For Middle School/High School Student ONLY: Yes No The school may provide my child non-aspirin based pain relievers.

AUTOMATIC MESSAGING INFORMATION

Ashland-Greenwood Public Schools makes use of School Messenger, an automatic phone and email messaging service to notify families of upcoming events and of school cancellations or early dismissals due to inclement weather; the system will also be used in other emergency situations. Routine information and school cancellation/late start calls will be made to primary phone numbers and emails. Early dismissal and other calls of an urgent nature will be made to primary phone numbers. Please review Emergency Contact information to ensure that the appropriate phone numbers/individuals are listed for receiving School Messenger calls

Signature of Parent or Guardian: _____ **Date:** _____

Requirements for Immunizations and physicals from the student/parent handbook:

4. Immunization

The school district shall comply with all statutory provisions regarding immunization of students to protect against communicable disease. As provided by statute, each student shall be protected by immunization prior to attending school. A student may be provisionally enrolled in school if he or she has begun the immunizations required and continues to receive the immunizations as rapidly as medically feasible.

Eighth-twelfth grade students and students transferring in from out of state are required to have the following immunizations:

- 3 doses of Polio vaccine
- 3 doses DPT, DtaP, DT, or Td vaccine with one given on or after the child's fourth birthday
- 2 doses MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month
- 3 doses Hepatitis B vaccine or two doses of adolescent vaccine if student is 11-15 years of age
- **2 doses of varicella or MMRV** given on or after 12 months of age and prior to 13 years of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provided will be accepted
- 7TH Grade only: All the above doses, PLUS 1 dose of TDAP (must contain pertussis booster)—this dose can be received any time after 10 or 11 years of age depending on which brand of vaccine is received.

Students may claim exemption from immunizations. The following procedures will be followed in such cases:

- 1) Students claiming exemption from immunization for religious reasons shall deliver to the school a properly completed, sworn, and notarized affidavit to that effect.
- 2) Students claiming exemption from immunization for medical reasons shall deliver to the school a properly completed and signed statement from a licensed physician to that effect.
- 3) Students exempt from immunization for medical reasons or religious reasons shall be excluded from school during an outbreak of communicable diseases.

5. Physical Examinations

A physical examination will be required by a qualified physician within six months prior to a child entering Kindergarten, 7th grade or for children enrolling from out-of-state unless the parent objects to the child having the physical examination. The objection must be made in writing by the parent before the child can enter school. The cost of the physical examination is to be borne by the parent.

Students in grades 8th through 12th grades who participate in athletics must have an athletic physical on a form approved by the school and the Nebraska School Activities Association.

AFFIDAVIT

Refusal of Immunization of Student for Religious Reasons

This Affidavit is being submitted on behalf of

(Name of Student)

(Birthdate of Student)

If the student is of the age of majority:

I, _____ of lawful age and being first duly sworn,
(Name of Affiant/Student)

depose and state as follows:

Immunization conflicts with the tenets and practice of a recognized religious denomination of which I am an adherent or member or immunization conflicts with my personal and sincerely followed religious beliefs.

If the student is a minor:

I, _____, as legally authorized representative of
(Name of Affiant)

_____, of lawful age and being first duly sworn,
(Name of Student)

depose, and state as follows:

Immunization conflicts with the religious tenets and practice of a recognized religious denomination of which the student is an adherent or member or immunization conflicts with the student's personal and sincerely followed religious beliefs.

(Signature of Affiant)

STATE OF NEBRASKA)

) ss.

COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__
by_____.

Notary Public

Formatted from the form on the Nebraska Health and Human Services System Web site.

http://www.hhs.state.ne.us/imm/school_i.htm

REFUSAL OF IMMUNIZATION

For Medical Reasons

As the physician of:

Child's Last Name	First Name	Age
Birth Date	School	Grade

A. I have elected to not immunize this student against the following disease(s): (check box*)

- Diphtheria
- Tetanus
- Pertussis
- Polio
- Measles (Rubeola)
- Mumps
- Rubella (German Measles)
- Hepatitis B
- Varicella (chickenpox)

In my opinion, this/these immunization(s) would be injurious to the health and well-being of

- The student.....
- A member of the student's household or family.....

Comments: _____

Signature of Physician

Date

* Each disease for which a vaccine has not been administered must be checked. Parent/ guardian must submit dates of immunization for all other diseases.

Printed from the Nebraska Health and Human Services System Web site. http://www.hhs.state.ne.us/imm/school_i.htm

**PARENT OBJECTION TO
PHYSICAL EXAMINATION OR VISUAL EVALUATION**

I am the parent or guardian of the following children who are enrolling in the beginner grade or seventh grade in Ashland-Greenwood Public Schools, or who are transferring from out of state into any grade in Ashland-Greenwood Public Schools:

Child No. 1: _____

Child No. 2: _____

Child No. 3: _____

Child No. 4: _____

I understand that state law requires that the school be provided with: (1) evidence of a physical examination by a physician, physician's assistant, or advance practice registered nurse and (2) a visual evaluation by a physician, a physician assistant, an advanced practice registered nurse, or an optometrist. The physical examination and visual evaluation is required to be completed within six months prior to the entrance of the child into the beginner grade or, in the case of a transfer from out of state, to any other grade. No such physical examination or visual evaluation shall be required of any child whose parent or guardian objects in writing.

I hereby object in writing to the:

_____ physical examination	}
	} (check one or both)
_____ visual evaluation	}

for the above named child(ren). I will not hold Ashland-Greenwood Public Schools responsible for any injury or harm caused by or relating to such refusal to obtain a physical examination or visual evaluation for the above named child(ren).

Dated this _____ day of _____, 20____.

Parent or Guardian



District Administration
Ashland-Greenwood Public Schools
1200 Boyd Street
Ashland, NE 68003
402-944-2128

REQUEST FOR MS/HS STUDENT RECORDS

In accordance with State and Federal Law, this form authorizes the Ashland-Greenwood Public Schools to request written and verbal information for the purpose of legitimate educational interests and planning for:

Name of Student: _____ DoB: _____

Previous School Name: _____ Grade Last Yr. _____

Records requested are:

_____ Cumulative school records including, but not limited to: directory information, attendance records, transcripts, health records, standardized test results, and activities participation.

_____ Subsidiary school records, specifically:
 Student Assistance Team information
 Multi-Disciplinary Team Reports, including:
 Psychological testing results
 Speech/language/hearing results
 Occupational therapy results
 Physical therapy results
 Individualized Education Plans (IEPs)
 Section 504 Records and Plans

_____ Disciplinary Records
 _____ High Ability Records
 _____ Outside Agency Reports

_____ Other Records as listed below:

Records are **REQUESTED FROM**:

Records should be **SENT TO**:
 Registrar
 Ashland-Greenwood Middle School/High School
 1842 Furnas
 Ashland, NE 68003
 Phone: (402) 944-2114 FAX: (402) 944-2116

 (parent/guardian signature; student signature if 18 or older)

 (date)



District Administration
Ashland-Greenwood Public Schools
1200 Boyd Street
Ashland, NE 68003
402-944-2128

REQUEST FOR ELEMENTARY STUDENT RECORDS

In accordance with State and Federal Law, this form authorizes the Ashland-Greenwood Public Schools to request written and verbal information for the purpose of legitimate educational interests and planning for:

Name of Student: _____ DoB: _____

Previous School Name: _____ Grade Last Yr. _____

Records requested are:

____ Cumulative school records including, but not limited to: directory information, attendance records, transcripts, health records, standardized test results, and activities participation.

____ Subsidiary school records, specifically:
 Student Assistance Team information
 Multi-Disciplinary Team Reports, including:
 Psychological testing results
 Speech/language/hearing results
 Occupational therapy results
 Physical therapy results
 Individualized Education Plans (IEPs)
 Section 504 Records and Plans

____ Disciplinary Records
 High Ability Records
 ____ Outside Agency Reports

____ Other Records as listed below:

Records are **REQUESTED FROM**:

Records should be **SENT TO**:
 Registrar
 Ashland-Greenwood Elementary School
 1200 Boyd
 Ashland, NE 68003
 Phone: (402) 944-7083 FAX: (402) 944-3515

 (parent/guardian signature; student signature if 18 or older)

 (date)



ASHLAND-GREENWOOD MIDDLE SCHOOL SEVENTH GRADE SCHOOL & SPORTS QUALIFYING SCREENING EXAMINATION

DIRECTIONS: A physical examination is required by state law for all students entering seventh grade. Additionally, students wishing to participate in interscholastic athletics must provide evidence of a physical examination on an annual basis. All sections of this examination form must be completed prior to it being returned to the school offices. Please note that this form requires a signature by a physician, a physician assistant, or an advanced practice registered nurse before it is considered complete. The student and parent must sign the consent form on the reverse before participation in activities can occur.

STUDENT NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 PHONE: _____ DOB: _____
 AGE: _____ GRADE: _____ MALE: _____ FEMALE: _____

Please complete the questionnaire below prior to your examination.

- | | | YES | NO |
|-----|--|-------|-------|
| 1. | Have you ever fainted? _____
Have you ever fainted during exercise? _____
Have you ever had chest pains during exercise? _____ | _____ | _____ |
| 2. | Has anyone in your family died suddenly? _____
Before age 35? _____ Age 50? _____
Cause _____ | _____ | _____ |
| 3. | Have you ever had a concussion, loss of consciousness, been knocked out, or had a head injury? _____
If yes, how many times? _____ | _____ | _____ |
| 4. | Have you ever had heat stroke or exhaustion? _____ | _____ | _____ |
| 5. | Do you wheeze or cough during or after exercise? _____
Do you have a history of asthma? _____ | _____ | _____ |
| 6. | Do you have any allergies? _____
If yes, please list _____
_____ | _____ | _____ |
| 7. | Any injuries since your last exam? _____
If yes, please list _____
_____ | _____ | _____ |
| 8. | Do you take any medication? _____
If yes, please list, including any vitamins and nonprescription drugs _____
_____ | _____ | _____ |
| 9. | Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? _____ | _____ | _____ |
| 10. | Circle any of the following that you have had:
Abnormal bleeding/bruising Anemia
Broken bones/stress fractures Diabetes
Dislocation Hearing impairment
Heart murmur/palpitations Hepatitis/jaundice
High blood pressure Loss of eye sight
Rheumatic fever Scoliosis
Seizures Sickle-cell disease
Single organs Undescended testicle
Other _____ | | |

EXAMINATION

HT _____ WT _____ BP _____ / _____ Pulse _____

VISION R _____ L _____

HEARING

kHz	0.25	0.5	1	2	3	4	6	8
R								
L								

EXAM

EXAM (cross out if omitted from exam)	Normal	Abnormal	Comments
Eyes	_____	_____	_____
Ears	_____	_____	_____
Nose	_____	_____	_____
Throat	_____	_____	_____
Dental	_____	_____	_____
Thyroid	_____	_____	_____
Nodes	_____	_____	_____
Lungs	_____	_____	_____
Heart/Murmurs	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia (males)	_____	_____	_____
Hernia	_____	_____	_____
Skin	_____	_____	_____
Neck	_____	_____	_____
Upper Extremities	_____	_____	_____
Back/Spine	_____	_____	_____
Lower Extremities	_____	_____	_____
Neuro.	_____	_____	_____

Immunizations given today; which ones: _____

**Certification for Participation
in Physical Education/Athletic Activities**

I herewith certify that the student named above has been evaluated as indicated by the above record and found to be physically fit to participate in physical education activities and/or interscholastic athletics except as noted below. Any exceptions or required modifications should be re-evaluated annually or as specified.

Modifications or exceptions _____

Deferred pending further evaluation for _____

A copy of this form should go with this individual to all sporting events.

Required medication _____

(Physician signature) _____ (Date) _____

To be completed by students participating in all NSAA and AG activities.



Nebraska School Activities Association (NSAA) and Ashland-Greenwood Middle School/High School Student and Parent Consent Form

Student Name: _____

Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent". The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

DATED this _____ day of _____, _____

Student Name (Printed)

(Student Signature)

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for the student named above] to practice and compete for the above named middle school/high school in activities approved by the NSAA, **except those crossed out below:**

Golf	Play Production	Basketball	Track	Football	Cross Country
Speech	Volleyball	Music	Softball	Wrestling	

DATED this _____ day of _____, _____

Parent Name (Printed)

(Parent Signature)

This form must be completed and signed for all students grades 7-12 participating in any of the activities listed above. Students wishing to participate in any athletic activity must also have the appropriate physical examination form completed by a physician, a physician assistant, or an advanced practice registered nurse; that form is found on the reverse of this consent form. Consent and physical exam forms are due prior to the first day of participation (including practice).



**ASHLAND-GREENWOOD MIDDLE SCHOOL/HIGH SCHOOL
PREPARTICIPATION PHYSICAL EVALUATION/EXAMINATION
CLEARANCE FORM—GRADES 8-12**

STUDENT INFORMATION

Student Name: _____

Sex: _____ **Age:** _____ **Grade:** _____ **Date of Birth:** _____

EVALUATION/EXAMINATION FINDINGS

Cleared without restriction

Cleared, with recommendations for further evaluation or treatment for: _____

Not cleared for

All sports

Certain sports (list): _____

Reason: _____

EMERGENCY INFORMATION

Allergies: _____

Other Information: _____

Immunizations: Up to Date Not up to date Specify: _____

PHYSICIAN INFORMATION

Name of Physician (print/type): _____ Date: _____

Address: _____ Phone: _____

Signature of Physician: _____



ASHLAND-GREENWOOD PUBLIC SCHOOLS SCHOOL PHYSICAL EXAMINATION AND VISUAL EVALUATION FOR KINDERGARTEN AND OUT-OF-STATE TRANSFER STUDENTS

DIRECTIONS: A physical examination and a visual evaluation completed within six months prior to school entrance are required by state law for all students entering Kindergarten or transferring from out of state to any grade. All sections of this examination form must be completed prior to its being returned to the school offices. Please note that this form requires signatures for both the physical examination and the visual evaluation before it is considered complete. The physical examination and visual evaluation may be performed by a physician, a physician assistant, or an advanced practice registered nurse; the visual evaluation may also be performed by an optometrist or ophthalmologist). Children are exempt from this requirement when the parent/guardian provides a written statement of objection. For more information about these requirements, including the availability of resources for low-income families, please contact the school nurse in your child's school. For middle school and high school students transferring in from out of state, this completed form will also serve as a sports physical (parent permission form still required).

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DOB: _____

GRADE: _____ GENDER: M F

PHYSICAL EXAMINATION						
HT _____	WT _____	BP _____	/	_____	Pulse _____	
Urinalysis _____						
Hemoglobin/Hct _____						
Audiometric Screening Report						
	500	1000	2000	3000	4000	6000
R	_____	_____	_____	_____	_____	_____
L	_____	_____	_____	_____	_____	_____
EXAM	Normal	Abnormal	Comments			
Thyroid	_____	_____	_____			
Lungs	_____	_____	_____			
Heart	_____	_____	_____			
Abdomen	_____	_____	_____			
Hernia	_____	_____	_____			
Neck	_____	_____	_____			
Upper Extremities	_____	_____	_____			
Back/Spine	_____	_____	_____			
Lower Extremities	_____	_____	_____			
Description of any lab results obtained _____						

Medication child is currently taking _____						

I herewith certify that the student named above has been evaluated as indicated by the above record and found to be physically fit to participate in school activities except as noted below. Any exceptions or required modifications should be re-evaluated annually or as specified.						
Modifications or exceptions _____						
_____			_____			
(Provider signature)			(Date)			
Provider's Address: _____						
Provider's Phone Number: _____						

VISUAL EVALUATION		
	Pass	Fail
Amblyopia	_____	_____
Strabismus	_____	_____
Internal Eye Health	_____	_____
External Eye Health	_____	_____
Visual Acuity		
20 feet	Right 20/ _____	Left 20/ _____ aided/unaided
16 inches	Right 20/ _____	Left 20/ _____ aided/unaided
Comments/Recommendations _____		

(provider signature) (date)		
Provider's Address: _____		
Provider's Phone Number: _____		

Immunization Record

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DPT, DtapP, or TD					
Polio					
MMR					
Hepatitis B					
HIB					
Varivax					
Other					

Date (month/year) child had chicken pox _____
(varivax immunization not required if date provided)

TB Test Date _____ Results _____