

Ethnicity: Is this Student (or are you) Hispanic/Latino? (CIRCLE ONE) YES NO
(Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

The above part of the question is about ethnicity, not race. No matter what you selected above please continue to answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be.

 American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America - including Central America, and who maintains tribal affiliation or community attachment.)

 Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

 Black or African American (A person having origins in any of the black racial groups of Africa.)

 Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

 White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

HEALTH CONDITIONS: PLEASE CHECK AND DATE AS APPROPRIATE

Allergies: Please List: _____

Asthma: _____ Is an inhaler carried with child? _____

Attention Deficit Disorder: _____

Had Chicken Pox: _____ If yes; year that the child had it: _____

Diabetes (type 1 or 2): _____

Emotional concerns: Please describe: _____

Epilepsy or seizures: Please describe: _____

Heart conditions: Please describe: _____

Hepatitis or liver problems: _____

Please check any physical difficulty your child has experienced

Hearing Difficulty: _____ Ear Tubes: _____ Frequent Ear Infections: _____

Speech Problems: _____ Wears Glasses: _____ Periodic Headaches: _____

Any other special concerns: _____

School Previously Attended: _____

State School Was Located: _____

(If coming from out-of-state a physical & vision exam will be required)

Special Services Received: _____ Special Education _____ Speech/Language _____

Title 1 _____ Other _____

Immunization History

Nebraska Law 79-44.01 requires each student to be protected against Measles, Mumps, Rubella, Polio Myelitus, Diptheria, Pertussis, Tetanus (DPT) and Hepatitis B by immunization before permitted to attend school.

Please attach a copy of student's immunization records.

SUTHERLAND Public Schools

AUTHORIZATION FOR RELEASE OF
PERSONAL RECORDS AND PUPIL INFORMATION

You are authorized to release the following records.

_____ All _____ Grades
_____ Test Scores _____ Psychological
_____ State Unique ID # _____ Other (Please Specify):

FOR

_____ (Student's Name)

Birthdate: _____ Grade: _____

This student's records are located at:

And should be mailed to:

**Sutherland Public Schools
PO Box 217
Sutherland, NE 69165**

Dedication • Preparation • Innovation

Date

Parent/Guardian or Adult Student Signature

TO WHOM IT MAY CONCERN:

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974, and understand that I have a right to receive a copy at my own expense, if I so request, and have an opportunity for a hearing to challenge the content to the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

401 Walnut Street • P.O. Box 217 • Sutherland, NE 69165 • 308/386-4656 • FAX 308/386-2426

Accredited by North Central

