

**APPLICATION OF NON-PUBLIC SCHOOL STUDENT
FOR PART-TIME ENROLLMENT**

Application Process:

- Step 1: Complete Parts I, II and III of this Application.
- Step 2: Complete the attached “Statement of Person in Legal or Actual Charge or Control of a Child” form.
- Step 3: Complete Part IV of this Application, **if** you checked item (2) (b) (c) or (d) of the “Statement of Person in Legal or Actual Charge or Control of a Child” form.
- Step 4: Sign this Application in the presence of a notary

Note: You may also need to provide the following documents:

- (1) birth certificate
- (2) proof of immunization, proof of physical examination, and proof of visual evaluation, or written objections signed by parent or legal guardian
- (3) durable power of attorney (delegation of parental powers)
- (4) student records from school currently attending and school last attended & release of student records form

PART I–Student Information

Student’s Name:	DOB:	Grade Level:
Parent/Guardian’s Name(s):	Address:	Telephone:
School Currently Attending:	School Address:	Telephone:
School Last Attended:	School Address:	Telephone:
Special Needs/Concerns (e.g. health concerns) (information is requested for accommodation planning purposes): _____	Special Education Needs: ___ Yes ___ No	If “yes” describe needs: _____ _____ _____

PART II–Part-Time Enrollment Request

Semester Child seeks to begin attending:	
Course(s) or Program(s) in which Child seeks to enroll:	
If the Course is an Integrated Course (e.g. Algebra II), provide description of courses Child has passed to meet prerequisites:	
State whether the Course or Program is offered in the Child’s School:	
State whether Child is seeking to participate in extracurricular activities; and if so, list the activities:	

PART III–Expulsion Status

Has the child been expelled from school (either public or private, and in any state)? ___ Yes ___ No
 Has the term (time period) of the expulsion been completed? ___ Yes ___ No

If "no," state the reason for the expulsion and the term (time period) of the expulsion: _____

PART IV– Residency Information. If you checked item (2) (b) (c) or (d) of the "Statement of Person in Legal or Actual Charge or Control of a Child" form, provide the following supplemental information:

<p>A. Child living with adult who is exercising parental responsibility for the child Name of adults(s) with whom child resides: _____ Child's relationship to those adults: _____ How long has child lived with you? _____ Why is the child residing in the District? (Explain thoroughly) _____ Who is legally responsible for the child? _____ Are you assuming parental responsibilities for this child? _____ Have you given the District a signed Power of Attorney? _____</p>	<p>B. Child living on own Do the parents/guardians supply any necessities of life (e.g., food, rent or shelter, health care, etc.) for this child (if "yes", explain)? _____ Do the parents/guardians claim the child as a dependent for tax purposes? _____ Do the parents/guardians provide health insurance coverage? _____ Do the parents/guardians provide an allowance or other monetary benefits? (Explain thoroughly) _____ Why is the child residing in the District? (Explain thoroughly) _____</p>
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STATE OF NEBRASKA)
)
) ss.
COUNTY OF _____)

The applicants affirm that the above information is full, true and complete to the best of the applicant(s)' knowledge and belief, that the applicants are not aware of any facts which may make the child ineligible for admission to this public school district, and understand and agree that an exclusion from school and criminal complaint may result from the giving of false information. In the circumstance where the child is living with a person other than a parent or legal guardian, the applicant(s) assumes the legal responsibility of a parent for the student for education purposes, and the legal responsibility of a parent in matters concerning liability for disciplinary action, damages to school property, damages to private property at school, and injuries, etc. which may be caused by this child.

It is understood that admission for part-time enrollment is subject to annual application and approval. If admitted the building assignment is to be determined by District policy, the child will be subject to the student conduct and attendance policies of the District, the child must apply for enrollment and attend the entire school year unless an exception exists, and the child is not permitted on school grounds except during times required for attendance in the courses or programs for which part-time enrollment is approved, subject to the discretion of the building principal. It is further understood that the child is not eligible for transportation or transportation reimbursement.

Applicant(s)
Subscribed and sworn to me this _____ day of _____, 2____.

Notary Public

**STATEMENT OF PERSON IN LEGAL OR ACTUAL CHARGE OR CONTROL OF A CHILD
SUBMITTED TO LAUREL-CONCORD PUBLIC SCHOOLS FOR PURPOSES OF ENROLLMENT**

The undersigned state that I am an adult in legal or actual charge or control of _____, a child who resides in this school district at _____.

- 1) I state that I am the child's parent, or
- 2) 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) a court or testamentary appointment as a legal guardian (*attach copy*) and/or
 - b) a power of attorney delegating such parental powers (*attach copy*) and/or
 - c) 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
 - d) 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 the child's parents are:

Mother: _____ Address: _____ Telephone: _____
Father: _____ Address: _____ Telephone: _____

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

Home Address of Adult in Legal or Actual Charge or Control

Daytime Work Address

Dated: _____

Home Phone: _____

Daytime Work Phone: _____

NOTE: SECTION 79-215 R.R.S. PROVIDES THAT IF THE STUDENT IS HOMELESS OR IF THE ADULT DOES NOT HAVE A 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 THIS STUDENT SHALL ALSO SIGN THE FORM.

_____ This child is homeless, which is the reason items were left blank

_____ This adult does not have a phone number or address where they may generally be reached during the school day

(FOR SCHOOL'S USE)

