

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

Attach Current  
Picture Here

## Nebraska Christian Schools Application for Resident Admission

Student's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
First Middle Last

Student's Home Address \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

Application for Grade \_\_\_\_ 1<sup>st</sup>/2<sup>nd</sup> Semester, 20\_\_\_\_ Current Grade \_\_\_\_ Age \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_  
Month Day Year

Citizenship \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City Province Country

Applicant lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Other: \_\_\_\_\_  
Check any that apply: \_\_\_\_\_ Father is deceased \_\_\_\_\_ Mother is deceased \_\_\_\_\_ Parents are separated  
\_\_\_\_\_ Father has custody \_\_\_\_\_ Mother has custody \_\_\_\_\_ Parents are divorced

Father's Full Name (Mr./Rev./Dr.) \_\_\_\_\_

Mother's Full Name (Mrs./Ms./Dr.) \_\_\_\_\_

Parents' Home Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

Father's Profession \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Profession \_\_\_\_\_ Business Phone \_\_\_\_\_

Current Church Name and Denomination \_\_\_\_\_

Other members of the family who attend or have attended Nebraska Christian? \_\_\_\_\_

Brothers/Sisters (name, grade, school attending) \_\_\_\_\_

### Academic Information

Name of Previous School \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

School Address \_\_\_\_\_ Phone \_\_\_\_\_

Has the applicant ever been referred for academic evaluation, either remedial or accelerated? \_\_\_\_ If yes, please explain on a separate page.

### English as a Second Language (ESL)

Has the applicant had any ESL courses? \_\_\_\_ How long has the applicant studied English? \_\_\_\_

TOEFL score \_\_\_\_\_ Will the applicant be enrolled in ESL? \_\_\_\_ Which level? Beginning \_\_\_\_ Intermediate \_\_\_\_ Advanced \_\_\_\_

**Medical Information**

Does the applicant have a physical health problem of which the school should be aware? \_\_\_\_\_ If yes, please specify (include prescriptions or limitations of normal activities) \_\_\_\_\_

Is the applicant taking any medication on a regular basis such as insulin, Ritalin, etc.? Please list \_\_\_\_\_

Has the applicant ever consulted, or been referred to, a psychiatrist, psychologist, or psychiatric social worker for professional assistance? \_\_\_\_ If yes, please describe the circumstances \_\_\_\_\_

Check any of the following used or experienced with (in the last 12 months). Give explanation.  
\_\_\_\_ Narcotic drugs \_\_\_\_ tobacco \_\_\_\_ alcoholic beverages \_\_\_\_ stimulants \_\_\_\_\_

From what source did you learn about Nebraska Christian Schools? \_\_\_\_\_

***This application for admission is not complete until the following items are received:***

1. A non-refundable application fee of three hundred dollars (\$300.00 US) payable to Nebraska Christian Schools (Nebraska Christian Schools pay Sevis fee of \$200.00 US) Use of credit card may pay application fee.
2. A complete and signed application
3. Copy of Passport
4. Previous school records including current grades and TOEFL or SLEP test scores
5. Proof of Financial Responsibility (or Financial Resources Certification)
6. Parent and Student Supplementary Forms including:
  - Immunization Record
  - Health Exam Form
  - Student Participation Form
  - Medical Consent Form
  - Vision Form
  - Permit Sheet
7. All Reference Forms (3)

To the best of our knowledge the above information is correct.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

***Please return the completed application to:***

Nebraska Christian Schools  
1847 Inskip Avenue  
Central City, NE 68826  
(308) 946-3836 FAX: (308) 946-3837  
nc@nebraskachristian.org

Nebraska Christian Schools is a Christian, co-educational, college-preparatory school. It is approved by the Nebraska Department of Education and is a member of the Association of Christian Schools, International (ACSI).

***Notice of Nondiscriminatory Policy***

Nebraska Christian Schools admits students of any race, color, and national or ethnic origin.

**NEBRASKA CHRISTIAN SCHOOLS**  
*Confidential Reference Form*

**Applicant's Name** \_\_\_\_\_ **How long have you known the applicant?** \_\_\_\_\_

Your name has been provided by the applicant as one who is able to furnish information concerning his or her family and the character, personality, and ability of the student. Nebraska Christian is a co-educational, college preparatory school with a Christ-centered curriculum. Please respond as honestly and completely as possible.

**DIRECTIONS:** please check the appropriate answers. In some areas you may need to check more than one.

**Home Background:**    \_\_\_\_\_ Superior            \_\_\_\_\_ Good            \_\_\_\_\_ Fair            \_\_\_\_\_ Poor

**Obedience:**            \_\_\_\_\_ Responds well to authority            \_\_\_\_\_ Usually obedient  
                         \_\_\_\_\_ Resents authority                            \_\_\_\_\_ Unpredictable

**Emotional Stability:**    \_\_\_\_\_ Stable                                                    \_\_\_\_\_ Usually well-controlled  
                         \_\_\_\_\_ Excitable, moody, upsets others            \_\_\_\_\_ Apathetic, irresponsible

**Industry:**                \_\_\_\_\_ Hard worker                                            \_\_\_\_\_ Good dependable worker  
                         \_\_\_\_\_ Works just enough to get by                            \_\_\_\_\_ Lazy, needs constant supervision

**Sociability:**            \_\_\_\_\_ Prefers to spend time with others            \_\_\_\_\_ Prefers to be solitary  
                         \_\_\_\_\_ Cooperates reasonably                                    \_\_\_\_\_ Has difficulty relating to others  
                         \_\_\_\_\_ Tends to be bossy, argumentative

**Judgment:**              \_\_\_\_\_ Unusual maturity                                            \_\_\_\_\_ Average common sense  
                         \_\_\_\_\_ Avoids when possible                                            \_\_\_\_\_ Often irresponsible

**Responsibility:**        \_\_\_\_\_ Excellent, volunteers for tasks            \_\_\_\_\_ Usually accepts when asked  
                         \_\_\_\_\_ Avoids when possible                                            \_\_\_\_\_ Often irresponsible

**Personal Appearance:** \_\_\_\_\_ Well-groomed along conservative lines            \_\_\_\_\_ Well-groomed along newer styles  
                         \_\_\_\_\_ Neglects fine detail                                            \_\_\_\_\_ Careless, unattractive

**Homework (if applicable):** \_\_\_\_\_ Always turned in on time and well done            \_\_\_\_\_ Occasionally late and/or disorderly  
                         \_\_\_\_\_ Often not completed or done properly            \_\_\_\_\_ Seldom done adequately

**Parents' Involvement**    \_\_\_\_\_ Eagerly seek to involve themselves in student's academic progress and school events            \_\_\_\_\_ Must be contacted to encourage their involvement  
                         \_\_\_\_\_ Always cooperative and supportive            \_\_\_\_\_ Often defensive and unsupportive  
                         \_\_\_\_\_ Have remained uninvolved

Do you have any reservations concerning the applicant's (check if "yes") \_\_\_\_\_ character? \_\_\_\_\_ integrity?  
If you checked "yes", please explain. \_\_\_\_\_

Do you recommend this applicant for college-preparatory level work: Yes without reservation? \_\_\_\_\_ No not at all? \_\_\_\_\_

**Name and Title** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone/E-mail** \_\_\_\_\_

The time and effort that you have given to completing this form is appreciated. If you wish to give additional information please do so on another sheet of paper. Please return the completed form to:

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1847 Inskip Avenue, Central City, NE 68826  
308-946-3836/ Fax: 308-946-3837/ email: nc@nebraskchristian.org

**NEBRASKA CHRISTIAN SCHOOLS**

**Confidential Reference Form**

**English for Internationals**

**Applicant's Name** \_\_\_\_\_ **Applicant has studied English** \_\_\_\_\_ **years** \_\_\_\_\_ **months**.

Your name has been provided by the applicant as one who is able to furnish information concerning his or her family and the character, personality, and ability of the student. Nebraska Christian is a co-educational, college preparatory school with a Christ-centered curriculum. Please respond as honestly and completely as possible.

**Reading:** Given an American newspaper or magazine article of at least five paragraphs (pronunciation may be odd, as long as the student's understanding of the meaning is correct), the student is able to:

- \_\_\_\_\_ Excellent      Read aloud with few errors and explain its meaning clearly and completely (understands at least 9 out of every 10 words).
- \_\_\_\_\_ Good            Read aloud except for difficult terms or places, and explain most of its meaning (understands 7-8 out of every 10 words).
- \_\_\_\_\_ Fair             Read most of the basic vocabulary and explain the basic idea of the article (understands 5-6 out of every 10 words).
- \_\_\_\_\_ Poor            Read and understand only the simplest words (understands 1-4 of every 10 words), and can explain little or none of the article's meaning.

**Writing:** When asked to write a short essay stating an opinion about his or her school, town, political view, sports interests, etc., he or she:

- \_\_\_\_\_ Excellent      Writes with near fluency using lengthy sentences, abstract terms, and strong vocabulary. Uses English grammar rather than composing the grammar of the native language into English.
- \_\_\_\_\_ Good            Uses good vocabulary, sentences are lengthy and sensible, but grammar is sometimes irregular.
- \_\_\_\_\_ Fair             Can make only simple sentences using limited, or basic vocabulary. Grammar is extremely irregular, but understandable.
- \_\_\_\_\_ Poor            Doesn't make complete sentences or uses short basic ones, with limited vocabulary. It is difficult to understand what the student means at times.

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

Do you have any reservations concerning the applicant's (check if "yes") \_\_\_\_\_ character? \_\_\_\_\_ integrity?  
If you checked "yes", please explain. \_\_\_\_\_

Do you recommend this applicant for college-preparatory level work: \_\_\_\_\_ without reservation? \_\_\_\_\_ hesitantly? \_\_\_\_\_ not at all?

**Name and Title** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone/E-mail** \_\_\_\_\_

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**Nebraska Christian Schools**  
**Confidential Reference Form - High School Math**

**Applicant's Name** \_\_\_\_\_ **How long have you taught this applicant?** \_\_\_\_\_

Your name has been provided by the applicant as one who is able to furnish information concerning his or her family and the character, personality, and ability of the student. Nebraska Christian is a co-educational, college preparatory school with a Christ-centered curriculum. Please respond as honestly and completely as possible.

**DIRECTIONS: Score the applicant's ability in the areas listed below based on the following scale by placing the corresponding number in the blank provided.**

- |                     |                                       |                |                                         |
|---------------------|---------------------------------------|----------------|-----------------------------------------|
| <b>1. Excellent</b> | Answers at least 9 out of 10 problems | <b>4. Poor</b> | Answers fewer than 5 out of 10 problems |
| <b>2. Good</b>      | Answers about 7 out of 10 problems    | <b>5. N/A</b>  | Has not studied this area yet           |
| <b>3. Fair</b>      | Answers about 5 out of 10 problems    |                |                                         |

**Algebra I Concepts**

Be able to add, subtract, multiply, and divide:

- \_\_\_ Integers (signed numbers)
- \_\_\_ Polynomials
- \_\_\_ Radicals (square roots)
- \_\_\_ Be able to compute the slope of a line

Be able to solve:

- \_\_\_ Linear equations in one variable
- \_\_\_ Quadratic equations by using factoring
- \_\_\_ Quadratic equations by using quadratic formula
- \_\_\_ Fractional equations and inequalities

**Algebra II Concepts**

Be able to add, subtract, multiply, and divide:

- \_\_\_ Expressions with square, cube, fourth roots
- \_\_\_ Rational expressions
- \_\_\_ Complex numbers
- \_\_\_ Be able to graph conic sections
- \_\_\_ Be able to graph functions of various types

Be able to solve:

- \_\_\_ Exponential equations
- \_\_\_ Logarithmic equations
- \_\_\_ Systems of quadratic equations
- \_\_\_ Systems of linear equations using determinants
- \_\_\_ Sequences and series problems
- \_\_\_ Trigonometric equations

**Geometry Concepts**

\_\_\_ Be able to find the unknown side of a right triangle using:

- \_\_\_ the Pythagorean theorem
- \_\_\_ trigonometry
- \_\_\_ properties of 45-45-90 and 30-60-90 triangles
- \_\_\_ Be able to find unknown angles formed by two parallel lines cut by a transversal
- \_\_\_ Be able to know and use properties of the different types of quadrilaterals
- \_\_\_ Be able to prove two triangles congruent (SAS, ASA, SSS, HL, AAS)
- \_\_\_ Be able to find unknown angles and chords in a circle using circle theorems
- \_\_\_ Be able to find the area and volume of basic geometric shapes

Do you have any reservations concerning the applicant's (check if "yes") \_\_\_ honesty? \_\_\_ integrity?

If you checked "yes," please explain:

\_\_\_\_\_

Do you recommend this applicant for college-preparatory level work?

- \_\_\_ Yes without reservation      \_\_\_ Maybe--hesitantly      \_\_\_ No not at all

**Name and Title** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone/E-mail** \_\_\_\_\_

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**Nebraska Christian Schools**  
**1847 Inskip Avenue, Central City, Nebraska 68826**  
**(308) 946-3836/Fax: (308) 946-3837 email: nc@nebraskachristian.org**

Student Name \_\_\_\_\_

Address: \_\_\_\_\_

City/Country: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Grade: \_\_\_\_\_

School: **Nebraska Christian Schools**  
Address: **1847 Inskip Ave Central City, NE 68826**  
Phone: **308-946-3836**

Revised 5/04

**PLEASE COMPLETE PRIOR TO EXAMINATION**

**HISTORY**

- |                                                                                                                  |                                   |                          |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|
|                                                                                                                  | YES                               | NO                       |
| *1. Have you ever fainted?                                                                                       | <input type="checkbox"/>          | <input type="checkbox"/> |
| Have you ever fainted during exercise?                                                                           | <input type="checkbox"/>          | <input type="checkbox"/> |
| Have you had chest pain during exercise?                                                                         | <input type="checkbox"/>          | <input type="checkbox"/> |
| *2. Has anyone in your family died suddenly?                                                                     | <input type="checkbox"/>          | <input type="checkbox"/> |
| Before age 35? _____ Before age 50 _____                                                                         |                                   |                          |
| Cause _____                                                                                                      |                                   |                          |
| *3. Have you ever had a concussion, loss of consciousness, been knocked out or had a head injury?                | <input type="checkbox"/>          | <input type="checkbox"/> |
| If yes, how many times? _____                                                                                    |                                   |                          |
| *4. Have you ever had heat stroke or heat exhaustion?                                                            | <input type="checkbox"/>          | <input type="checkbox"/> |
| *5. Do you wheeze or cough during or after exercise?                                                             | <input type="checkbox"/>          | <input type="checkbox"/> |
| Do you have any history of asthma?                                                                               | <input type="checkbox"/>          | <input type="checkbox"/> |
| *6. Do you have any allergies? (medications, bee sting, pollens, etc.) _____                                     | <input type="checkbox"/>          | <input type="checkbox"/> |
| *7. Any injuries since last exam?                                                                                | <input type="checkbox"/>          | <input type="checkbox"/> |
| If yes, list injuries: _____                                                                                     |                                   |                          |
| *8. Do you take any medication? (include vitamins and nonprescription drugs) _____                               | <input type="checkbox"/>          | <input type="checkbox"/> |
| *9. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/>          | <input type="checkbox"/> |
| 10. Have you ever been hospitalized?                                                                             | <input type="checkbox"/>          | <input type="checkbox"/> |
| Have you ever had surgery?                                                                                       | <input type="checkbox"/>          | <input type="checkbox"/> |
| If yes, explain _____                                                                                            |                                   |                          |
| 11. If female, when was your first menstrual period? _____                                                       |                                   |                          |
| When was your most recent menstrual period? _____                                                                |                                   |                          |
| 12. In the last year, what was your:                                                                             |                                   |                          |
| Lowest weight _____ Your highest weight _____                                                                    |                                   |                          |
| What do you think is your ideal weight? _____                                                                    |                                   |                          |
| 13. Immunizations: Last tetanus _____                                                                            |                                   |                          |
| Measles, Mumps, German Measles (MMR) (1) _____ (2) _____                                                         |                                   |                          |
| Hepatitis B (1) _____ (2) _____ (3) _____                                                                        |                                   |                          |
| *14. Circle any of the following you have had:                                                                   |                                   |                          |
| Abnormal bleeding/bruising                                                                                       | Anemia                            |                          |
| Appendicitis                                                                                                     | Broken bones/stress fracture      |                          |
| Bronchitis                                                                                                       | Chicken Pox                       |                          |
| Diphtheria                                                                                                       | Diabetes                          |                          |
| Dislocation (shoulder, etc.)                                                                                     | Frequent Colds                    |                          |
| Hearing Impairment                                                                                               | Heart murmur/palpitations         |                          |
| Hepatitis/jaundice                                                                                               | Hernia                            |                          |
| High blood pressure                                                                                              | Influenza (flu)                   |                          |
| Kidney Disease                                                                                                   | Loss of eye sight                 |                          |
| Pneumonia                                                                                                        | Polio                             |                          |
| Rheumatic fever                                                                                                  | Scarlet Fever                     |                          |
| Scoliosis (curvature of spine)                                                                                   | Seizures                          |                          |
| Sickle-cell disease                                                                                              | Single organs (kidney, eye, etc.) |                          |
| Tuberculosis                                                                                                     | Undescended testicle              |                          |
| Other _____                                                                                                      |                                   |                          |
| <input type="checkbox"/> I have had none of the above problems.                                                  |                                   |                          |

15. Do you use seat belts on a regular basis?  YES  NO
16. Do you use tobacco or alcohol  YES  NO

\* Must be answered for participation in athletics

Additional Comments: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**EXAMINATION**

\*Ht \_\_\_\_\_ Wt \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R \_\_\_\_\_ L \_\_\_\_\_

**Hearing**

kHz	0.25	0.5	1	2	3	4	6	8
R								
L								

**\*MEDICAL EXAM**

(cross out if omitted) Normal Abnormal Comments

**HEENT**

- |                   |       |       |       |
|-------------------|-------|-------|-------|
| Eyes              | _____ | _____ | _____ |
| Ears              | _____ | _____ | _____ |
| Nose              | _____ | _____ | _____ |
| Throat            | _____ | _____ | _____ |
| Dental            | _____ | _____ | _____ |
| Thyroid           | _____ | _____ | _____ |
| Nodes             | _____ | _____ | _____ |
| Lungs             | _____ | _____ | _____ |
| Heart/Murmurs     | _____ | _____ | _____ |
| Abdomen           | _____ | _____ | _____ |
| Genitalia (males) | _____ | _____ | _____ |
| Hernia            | _____ | _____ | _____ |
| Skin              | _____ | _____ | _____ |
| Neck              | _____ | _____ | _____ |
| Upper Extremities | _____ | _____ | _____ |
| Back/Spine        | _____ | _____ | _____ |
| Lower Extremities | _____ | _____ | _____ |
| Neuro.            | _____ | _____ | _____ |

**Labs (If required)**

UA dip: Ap \_\_\_\_\_ col \_\_\_\_\_ sp gr \_\_\_\_\_ pH \_\_\_\_\_ Pr \_\_\_\_\_ sug \_\_\_\_\_ Ket \_\_\_\_\_

Bld \_\_\_\_\_ Bil \_\_\_\_\_ Uro \_\_\_\_\_ leuk \_\_\_\_\_ nitr \_\_\_\_\_

Hgb: \_\_\_\_\_

**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 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 activities.
- Required medication: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I do not know of any existing physical condition or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities.

I hereby authorize release to the school nurse of the information contained in this document. Upon written request, I may receive a copy of this document for my personal health care provider.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian)

## Nebraska Christian Schools Immunization Record

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ (Mo/Day/Yr)

Vaccine	Time	Date Given (Month/Day/Year)
DTaP Diphtheria Pertussis Tetanus	First	
	Second	
	Third	
	First Booster	
Tdap (after 4th birthday)	First	
Polio	First	
	Second	
	Third	
	First Booster	
MMR	First	
	Second	
Hepatitis B	First	
	Second	
	Third	
Varicella (chickenpox)	First	
	Second	
Other (specify)		

I certify that the above information is correct to the best of my knowledge.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL CONSENT FORM**

STUDENT'S NAME: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First

STUDENT'S ADDRESS: \_\_\_\_\_  
Address City Country

SEX: Male Female BIRTHDATE: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_  
Month/Day/Year City Country

**FATHER**

---

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Work Telephone

**MOTHER**

---

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Work Telephone

**Health conditions the doctor should know (allergies, etc.):**

\_\_\_\_\_

**MEDICAL CONSENT:** The school staff may apply first aid treatment until the family doctor and/or dentist can be contacted. We give our consent for the staff to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached.

Permission is granted to the attending physician or dentist to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for my son/daughter. In the event of serious illness or injury, the need for major surgery, I understand that every effort will be made by the attending physician, and/or medical personnel to contact me in the most expeditious way possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of my son/daughter is given.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



**NEBRASKA CHRISTIAN HIGH SCHOOL**  
**1847 Inskip Avenue**  
**Central City, Nebraska 68826**  
**(308) 946-3836**

## **Travel Permit Sheet**

STUDENT'S NAME: \_\_\_\_\_

I give permission for my son/daughter to:  
(please check those that apply)

\_\_\_\_ Travel in vehicles driven by adults to town and special events.

\_\_\_\_ Travel in vehicles driven by other NC students to town and special events.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## School Vision Evaluation Report Form for Nebraska Christian Schools

**A School Vision Evaluation** is required for all children within six months prior to entering Nebraska schools for the first time (*includes Kindergarteners, transfers, and other students new to Nebraska*). [Nebraska Revised Statute 79-214]

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Status: \_\_\_\_\_ Kindergarten

\_\_\_\_\_ Transfer Student from Out of State

Required Tests*	Pass	Fail	Recommend Further Evaluation (Comments Below)
Amblyopia	_____	_____	_____
Strabismus	_____	_____	_____
Internal Eye Health	_____	_____	_____
External Eye Health	_____	_____	_____
Visual Acuity	_____	_____	_____
Right Eye @ distance (20 ft.):		20/____	aided / unaided
Left Eye @ distance (20 ft.):		20/____	aided / unaided
Right Eye @ near (16 in.):		20/____	aided / unaided
Left Eye @ near (16 in.):		20/____	aided / unaided

Comments/Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluation performed by: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

### Waiver of Vision Evaluation

I, \_\_\_\_\_ hereby state that I do not wish to submit a vision evaluation form for my student, \_\_\_\_\_, who is new to Nebraska Schools.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To be completed for  
students participating in  
all NSAA activities.**

NEBRASKA SCHOOL ACTIVITIES ASSOCIATION (NSAA)

Student and Parent Consent Form

School Year: 201\_\_-201\_\_ Member School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of Student [Print Name] 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 (2) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for \_\_\_\_\_ [insert student name] to practice and compete for the above named high school in activities

approved by the NSAA, **except those crossed out below:**

Baseball	Golf	Tennis	Play Production	Basketball	Swimming/
Diving	Track	Football	Speech	Cross Country	Soccer
Volleyball	Music	Softball	Wrestling	Debate	Journalism

DATED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Parent [Print Name] Parent Signature