



CROFTON COMMUNITY SCHOOL
PO Box 429, North Highway 121
Crofton, Nebraska 68730
Jr./Sr. High (402) 388-2440 Elementary (402) 388-4357
FAX # (402) 388-4265

MARK WRAGGE
Superintendent
JOHNNIE OSTERMEYER
Secondary Principal
SARAH HIGGINS
Elementary Principal

SUPPLEMENTAL APPLICATION FOR STUDENT TRANSFER NEBRASKA ENROLLMENT OPTION PROGRAM

Student Name: (Last, First, M.I.)
Student Birthdate: (mm/dd/yyyy)
Parent/Guardian Name: (Last, First, M.I.)

I am the parent/guardian of the student listed above ("Student") who has applied for option enrollment in _____ Public Schools (the "Option School District") beginning in the _____ school year. I am submitting this complete form to supplement a Nebraska Department of Education Application for Student Transfer that I have also submitted to the Option School District.

As used in this document, "siblings" means all children residing in the same household on a permanent basis who have the same mother or father or who are stepbrother or stepsister to each other who have not received a high school diploma or its equivalent. The following individuals are siblings of Student:

SIBLING 1	
Name: (Last, First, M.I.)	Birthdate: (mm/dd/yyyy)
School District in which currently enrolled:	Currently has an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP): <p style="text-align: center;">Yes / No</p>

SIBLING 2	
Name: (Last, First, M.I.)	Birthdate: (mm/dd/yyyy)
School District in which currently enrolled:	Currently has an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP): <p style="text-align: center;">Yes / No</p>

FOR INTERNAL USE ONLY

RECEIVED BY: _____ DATE: _____

SIBLING 3	
Name: (Last, First, M.I.)	Birthdate: (mm/dd/yyyy)
School District in which currently enrolled:	Currently has an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP): Yes / No

SIBLING 4	
Name: (Last, First, M.I.)	Birthdate: (mm/dd/yyyy)
School District in which currently enrolled:	Currently has an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP): Yes / No

SIBLING 5	
Name: (Last, First, M.I.)	Birthdate: (mm/dd/yyyy)
School District in which currently enrolled:	Currently has an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP): Yes / No

SIBLING 6	
Name: (Last, First, M.I.)	Birthdate: (mm/dd/yyyy)
School District in which currently enrolled:	Currently has an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP): Yes / No

Use additional sheets if necessary.

I understand that my failure to submit a complete form and the requested documentation may inhibit, delay, or prevent the Option School District from having the information that it needs to timely accept or reject my Student's application. I hereby certify that the information that I have submitted on this form is complete and accurate.

FERPA RELEASE. By signing below, I further authorize the following educational agencies or institutions to release education records about Student or any of Student's siblings to the Option School District:

- (1) any and all educational agencies or institutions in which Student or any of Student's siblings are currently (or have ever been) enrolled,
- (2) any and all educational agencies or institutions that are providing (or have ever provided) services to Student or any of Student's siblings, and/or
- (3) any and all educational agencies or institutions to which Student or any of Student's siblings have ever applied for enrollment.

It is my intention for this release to allow the Option School District to access all education records of Student or any of Student's siblings without limitation. I understand that this authorization will be effective until I revoke it in writing.

Signature of Parent / Guardian

Date