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|--|
| Office Use Only                            |
| Enrollment Date: _____                     |
| Records Requested Date: _____              |
| Birth Certificate Verification Date: _____ |

**STUDENT INFORMATION**

|   |  |  |                  |                      |
|---|--|--|------------------|----------------------|
| Student Last Name: (As it appears on Birth Certificate)   |  | Student First Name: (As it appears on Birth Certificate) |                  | Student Middle Name: |
| Grade:  | Sex: M F   | Date of Birth:   |                  |                      |
| City of Birth:  | State of Birth:  | Country of Birth:  | County of Birth: |                      |
| <b>Ethnicity</b>  |  |  |                  |                      |
| 1. Is this child Hispanic or Latino? (choose only one) <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino |  |  |                  |                      |
| 2. Is this child: (Choose one or more. You must select at least one)  |  |  |                  |                      |
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> White                           |                  |                      |
| <input type="checkbox"/> Asian  | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |  |                  |                      |

**PARENT/GUARDIAN INFORMATION**

**Family 1 (PRIMARY) Where Student Resides**

|   |  |  |   |      |                               |                               |                               |
|---|--|--|---|------|-------------------------------|-------------------------------|-------------------------------|
| Home Address:   |  |  |   | City | State                         | Zip                           |                               |
| Name (Primary Contact):   |  |  | Name (Secondary):   |      |                               |                               |                               |
| Check one:<br><input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other |  |  | Check one:<br><input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other |      |                               |                               |                               |
| Email Address:  |  |  | Email Address:  |      |                               |                               |                               |
| Primary Phone (All Automated Calls will go to this number):   |  |  |   |      | <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Work |
| Second Phone:   |  |  | Second Phone:   |      |                               |                               |                               |
| <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work   |  |  | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work   |      |                               |                               |                               |
| Third Phone:  |  |  | Third Phone:  |      |                               |                               |                               |
| <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work   |  |  | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work   |      |                               |                               |                               |
| Employer:   |  |  | Employer:   |      |                               |                               |                               |

**Family 2**

|   |  |  |   |      |       |     |
|---|--|--|---|------|-------|-----|
| Home Address:   |  |  |   | City | State | Zip |
| Name:   |  |  | Name:   |      |       |     |
| Check one:<br><input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other |  |  | Check one:<br><input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other |      |       |     |
| Home Phone:   |  |  |   |      |       |     |
| Email Address:  |  |  | Email Address:  |      |       |     |
| Work Phone:   |  |  | Work Phone:   |      |       |     |
| Cell Phone:   |  |  | Cell Phone:   |      |       |     |
| Employer:   |  |  | Employer:   |      |       |     |

**CUSTODY INFORMATION**

|   |
|---|
| Student resides at: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Joint Placement <input type="checkbox"/> Other (Explain) _____ |
| Who has legal custody of the student?   |
| <input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Joint <input type="checkbox"/> Other _____            |

### SIBLING INFORMATION

| First Name | Last Name | Gender | Date of Birth | Grade | School (if attending) |
|------------|-----------|--------|---------------|-------|-----------------------|
|            |           |        |               |       |                       |
|            |           |        |               |       |                       |
|            |           |        |               |       |                       |
|            |           |        |               |       |                       |

### LAST SCHOOL ATTENDED (for entering kindergarten students, please list any preschool attended)

|                                   |  |   |                       |        |  |
|-----------------------------------|--|---|-----------------------|--------|--|
| School Name:                      |  |   | Last Grade Completed: |        |  |
| Address:                          |  | City/State  | Zip:                  | Phone: |  |
| Year child began schooling in US: |  | Has your child been expelled from a previous school district?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                       |        |  |

### Is your child presently participating in any of the following programming options?

|   |   |  |
|---|---|--|
| English as a Second Language<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | Gifted and Talented<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 504 Accommodation Plan<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| Did your child first learn to speak a language other than English and/or reside in a household where a language other than English is spoken?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |   |  |
| If yes, which language?   |   |  |

**The following information is to be used as part of the screening process required under PI 11.02(2)(b) to identify students who require, or possibly require, special education services. Does your child have any of the following conditions?**

|  |
|--|
| Does your child have an Individualized Education Program (IEP) with his or her former school? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|

|                                     |     |    |  |     |    |
|-------------------------------------|-----|----|--|-----|----|
| Specific Learning Disability (SLD)  | YES | NO | Autism (A)   | YES | NO |
| Emotional Behavior Disability (EBD) | YES | NO | Intellectual Disability / Other Developmental Disability | YES | NO |
| Speech and Language Impairment      | YES | NO | Orthopedic Impairment (OI)                               | YES | NO |
| Traumatic Brain Injury (TBI)        | YES | NO | Other Health Impairment (OHI)                            | YES | NO |
| Visual Impairment (VI)              | YES | NO | Significant Developmental Delay (SDD)                    | YES | NO |
| Hearing Impairment (HI)             | YES | NO | Other, List:   |     |    |

|  |           |        |
|--|-----------|--------|
| Has your child ever been evaluated or placed in a program for special education needs?<br>(This includes early childhood services before starting kindergarten) If yes, please describe: | YES       | NO     |
| Do you have any younger children (ages 0-5) that may be eligible for special or exceptional programs?<br>If yes, please list them below.   | YES       | NO     |
| First Name   | Last Name | D.O.B. |
|  |           |        |
|  |           |        |

### EMERGENCY INFORMATION

**Name(s) of person(s) to be called when parent/guardian cannot be reached**

| Name | Relationship | Home | Work | Cell |
|------|--------------|------|------|------|
|      |              |      |      |      |
|      |              |      |      |      |
|      |              |      |      |      |

## MEDICAL INFORMATION

|   |               |               |                |
|---|---------------|---------------|----------------|
| Doctor Name:  | Doctor Phone: | Dentist:      | Dentist Phone: |
| Insurance Company:  |               | Group Number: |                |
| Significant Health Concerns:  |               |               |                |
| Known Allergies (specify):  |               |               |                |
| Will your child require the taking of prescription/non-prescription medication at school? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br><b>If yes, please see office for proper form.</b>  |               |               |                |
| <p>If, in the judgment of school authorities, emergency treatment is required, I authorize my child to be transported by ambulance to a hospital for treatment. I understand that the contacted ambulance provider does reserve the right to convey the patient to the nearest definitive care hospital of their choice, should they deem it necessary.</p> <p>I hereby authorize the physician(s) at the hospital to give emergency treatment to my child. To the best of my knowledge, the above information is current and correct.</p> <p><b>Signature of Parent/Guardian:</b> _____ <b>Date:</b> _____</p> |               |               |                |

## RESIDENCY VERIFICATION

|   |   |
|---|---|
| Three documents are required: At least one from Column A and two from Column B. NOTE: A driver's licence and cell phone bill are not accepted as proof of residency.  |   |
| <b>COLUMN A:</b><br>(At least one of the following)   | <b>COLUMN B:</b><br>(Two of the following)  |
| 1. Property tax notification<br>2. Home purchase closing statement<br>3. Lease or purchase agreement for property within district boundaries <ul style="list-style-type: none"> <li>a. Lease must include name of apartment complex and landlord's phone number</li> <li>b. Parent and student claiming residence at any rental property must provide a signed lease that lists both as occupants</li> </ul>  | 1. Current month's utility bill (water/ gas/electric only)<br>2. Vehicle Registration Certificate<br>3. Auto or Health Insurance Statement<br>4. W-2, SSI, Medicaid, BadgerCare, or other County/State/Federal Benefit Statement<br>5. License plate renewal notice<br>6. Driver's License Renewal Notice<br>7. Other, as approved by the District in extenuating circumstances |
| <i>Wisconsin State Statute 121.77 requires that students attend school in their district of residence and that a school district charge tuition for non-resident students. The District does investigate and verify residency. The responsible parties signing this certificate will be held accountable for paying tuition plus any additional educational or other expenses, should it be determined that the student(s) is not a resident of the District.</i> |   |

**As a parent/guardian, I hereby affirm we presently reside in this District or have filled out the necessary paperwork to attend school within this District. The information provided on this form is correct.**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This District does not discriminate on the basis of gender, race, national origin, age, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability or other handicap or other bases prohibited by state or federal law.*