

# WISCONSIN HEIGHTS SCHOOL DISTRICT

## Enrollment Application

Homeroom Teacher: \_\_\_\_\_

**STUDENT INFORMATION** - Please complete in black ink

Last Name		First Name		Middle Name	
Street Address		City	Zip	Mailing Address/P.O. Box	
Phone Number		SS # (Optional)	<input type="checkbox"/> Male <input type="checkbox"/> Female		Grade <span style="margin-left: 20px;">School Year</span>
Birth City	Birth State	Birth Country	Birth County	Birth Date(MM/DD/YYYY)	

Home Status - Student Lives With - Please check only one:

- Both Parents     
  Mother Only     
  Father Only     
  Mother/Stepfather     
  Father/Stepmother  
 Foster Home     
  Relative     
  Legal Guardian     
  Both Parents Alternately     
  Other \_\_\_\_\_

Both parents will have legal rights to receive information about their child unless otherwise ordered by the courts.

If parents live apart, please mark the appropriate box.

- FATHER:  Custodial       Joint-Custodial       Non-Custodial (court ordered, provide copy)  
 MOTHER:  Custodial       Joint-Custodial       Non-Custodial (court ordered, provide copy)

<b>Father's Last Name</b>		First Name		<input type="checkbox"/> Home <input type="checkbox"/> Cell #	
Street Address (If different from student's)				Employer	Phone #
City		State	Zip Code	Working Hours	
E-Mail:					
<b>Mother's Last Name</b>		First Name		<input type="checkbox"/> Home <input type="checkbox"/> Cell #	
Street Address (If different from student's)				Employer	Phone #
City		State	Zip Code	Working Hours	
E-Mail:					
<b>Guardian's Last Name</b>		First Name		<input type="checkbox"/> Home <input type="checkbox"/> Cell #	
Street Address (If different from student's)				Employer	Phone #
City		State	Zip Code	Working Hours	
E-Mail:					

**MUNICIPALITY WHERE STUDENT RESIDES**

*Please check one of the following:*

- Dane County:  Village of Black Earth     
  Town of Black Earth     
  Village of Mazomanie     
  Town of Mazomanie  
                    Town of Berry     
  Town of Roxbury     
  Town of Cross Plains     
  Town of Vermont  
 Iowa County:  Town of Arena

**SCHOOL LAST ATTENDED (If not in our district)**

School Name:	City and State of School:
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**HEALTH INFORMATION**

Physician's Name	Clinic Name	Phone
Hospital to be used for emergency	Insurance Carrier	Insurance Policy #

**IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT (Other than parents) :**

1st Contact	Phone	Relationship
2nd Contact	Phone	Relationship

RELEASE - In a medical emergency, WHEN NO CONTACT CAN BE REACHED, I authorize the school to transport the student to the nearest medical clinic or hospital. If an ambulance needs to be called, I understand the costs are the responsibility of the parent/guardian. If you do NOT agree with this procedure, you MUST contact the school and File a Specialized Health Care Plan.

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

**RACIAL/ETHNIC HERITAGE**

Every Wisconsin School District is required to report to the Department of Education the number of students in various categories listed below. Recently, the federal government changed reporting categories for student ethnicity and race data. As a result, we are asking you for this student data.

Part 1: Is your child Hispanic or Latino?  Yes  No

Part 2: Select all that apply to your child:  American Indian or Alaskan Native  Native Hawaiian or other Pacific Islander  
 Asian  Black or African American  White

**HOME LANGUAGE SURVEY - skip if only English is spoken at home.**

Does the student usually speak a language other than English?  Yes  No If yes, which language? \_\_\_\_\_

Which language does the student hear most at home? \_\_\_\_\_

Can the student understand classroom lessons spoken in English without help?  Yes  No

**RESIDENCE IN WISCONSIN HEIGHTS SCHOOL DISTRICT**

When did the family move to the Wisconsin Heights School District? \_\_\_\_\_

Did the family move here because of seasonal/temporary employment in agriculture (e.g., dairy, meat processing, canning, etc.) or fishing?  Yes  No

Did the family move to another school district to work in agriculture or fishing within the past three years?  Yes  No

Did the family move to the United States from another country within the last three years?  Yes  No

How many years has the student attended school in the United States? \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR CHILD**

Is your student currently in a special education program?  Yes  No If yes what type: \_\_\_\_\_

Has student ever been expelled from school?  Yes  No

Is student under consideration for expulsion?  Yes  No

If you answered yes to either question, please explain:

**WILL STUDENT RIDE THE BUS?  Yes  No**

Pickup address: \_\_\_\_\_

Drop off address: \_\_\_\_\_

**OTHER CHILDREN LIVING IN SAME HOUSEHOLD - Please answer Part 1 & Part 2 for each child living in your home.**

Child's Name	Age	Date of Birth MM/DD/YYYY	Gender	School Attending if Applicable	Language	Disability Y/N
1)						
Part 1: Is your child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Part 2: Select all that apply to your child: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White						
2)						
Part 1: Is your child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Part 2: Select all that apply to your child: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White						
3)						
Part 1: Is your child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Part 2: Select all that apply to your child: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White						
4)						
Part 1: Is your child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Part 2: Select all that apply to your child: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White						