

WISCONSIN HEIGHTS SCHOOL DISTRICT

Enrollment Application

Date _____

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 School Year
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)

Father's Last Name		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:					
Mother's Last Name		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:					
Guardian's Last Name		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						