

Grade Entering

Wisconsin Heights School District

Student Registration Information

Homeroom Teacher

STUDENT INFORMATION

Legal Last Name		Legal First Name		Middle Name		Other name student uses	
Date of Birth:		Birth place (list City and State and County)		Gender M F		Language Spoken at Home	
Student Primary Language		Physical Address		City – Zip Code		Student ID#:	
Mailing Address (if different)		Home/Cell Phone:		County of Residence:			

➔ **1. For research & reporting to the DPI , please indicate ethnic category:** Is your child Hispanic or Latino Yes No

➔ **2. Select the racial category(s) that apply to your child** (check all that are applicable):

- American Indian or Alaska Native**-A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment
- Asian**-A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American**-A person having origins in any of the black racial groups of Africa. Terms such as 'Haitian', or 'Negro' can be used in addition to 'Black or African American'
- Native Hawaiian or Other Pacific Islander**-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White**-A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

FAMILY INFORMATION: Who does student live with?

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

- Both Parents Both parents alternately Mother only Father only Family Member/Relative Parent w/step-parent/significant other Foster/Adoptive Parent

HOUSEHOLD #1 - PRIMARY RESIDENCE *(list each adult separately)*

Is either parent or guardian a member of the armed forces on active duty? ___ Yes ___ No

Is either parent or guardian a traditional member of National Guard or Reserve? ___ Yes ___ No

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? ___ Yes ___ No

1 ST ADULT IN HOUSE – INFORMATION			
First & Last Name:		Relationship To Student: <input type="checkbox"/> Biological/Adoptive Parent -- Joint Custodial? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please state) : _____	
Home and/or Cell Phone #:			
Email (list only one):			
Employer:	Work Phone:	Hours at work (ex: 7:30-4:00)	
2 ND ADULT IN HOUSE – INFORMATION			
Last & First Name:		Relationship To Student: <input type="checkbox"/> Biological/Adoptive Parent -- Joint Custodial? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please state) - _____	
Cell Phone #:		Email (list only one):	
Employer:	Work Phone:	Hours at work (ex: 7:30-4:00)	

HOUSEHOLD #2 OR NON-CUSTODIAL PARENT INFORMATION *(In the event this information is unknown – provide name at absolute minimum)*

1 ST ADULT IN HOUSEHOLD #2 - INFORMATION			
First & Last Name:		Relationship To Student: <input type="checkbox"/> Biological/Adoptive Parent -- Joint Custodial? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please state) - _____	
Address:			
Cell Phone # :		Email (list only one):	
Employer:	Work Phone #:	Hours at work (ex: 7:30-4:00)	
2 ND ADULT IN HOUSEHOLD #2 – INFORMATION			
First & Last Name:		Relationship To Student: _____	
Cell Phone #:	Employer:	Work Phone #:	

OTHER CHILDREN IN YOUR FAMILY:

Name	DOB	Grade	Name	DOB	Grade
1. _____	_____	_____	4. _____	_____	_____
2. _____	_____	_____	5. _____	_____	_____
3. _____	_____	_____	6. _____	_____	_____

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR CHILD

Is your child currently in a Special Education program? Yes No If yes, what type: _____

Is the student currently under consideration for expulsion? Yes No If yes, what type: _____

Has the student ever been expelled from school? Yes No If yes, what type: _____

LAST SCHOOL OF ATTENDANCE

Name of School: _____ Phone: _____

Address: _____

BUS INFORMATION

Will student ride the bus? Yes No

Pickup Address: _____

Drop off address: _____

EMERGENCY CONTACT INFORMATION

In the event that a parent/guardian cannot be reached, please provide TWO emergency contacts.

1) Emergency Contact Name: _____

Primary Phone (indicate phone type: landline – cell): _____

Second Phone (indicate type: cell – work): _____

Relationship to Student: _____

2) Emergency Contact Name: _____

Primary Phone (indicate phone type: landline – cell): _____

Second Phone (indicate type: cell – work): _____

Relationship to Student: _____

Physician Name: _____

Physician's Phone #: _____

Hospital you prefer: _____

Health Insurance Carrier: _____

Subscriber & Group #: _____ No Insurance Coverage

Release – In a medical emergency, I hereby authorize the school principal, nurse, or staff member to contact the above named physician or, if not available, an alternate physician, and to obtain emergency treatment for my child, if needed, if I or the other designated contact persons cannot be reached. If an ambulance is called, the costs are the responsibility of the parent/guardian. I give my permission to share this information with the appropriate school and medical personnel.

If you do not agree with this procedure, you must contact the school and file a Specialized Health Care Plan.

Signature of Parent or Guardian _____ **Date** _____