

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's 1st Language
Physical Address				City – Zip Code		Student ID#:	
Mailing Address (if different)				Home/Cell Phone:		County of Residence:	

Racial and Ethnic Categories and Subgroups - Wisconsin Department of Public Instruction (DPI) collects data to meet all required school, district, state, and federal reporting mandates.

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions (Part I and Part II) must be answered. Part I and II ask about the seven federally mandated racial/ethnic groupings used for federal reporting.

If the parents or guardians decline to respond to either question, the school district is required to provide the missing information by observer identification.

Question Part I	Answer Part I
Is the person Hispanic or Latino? (Choose only one)	Hispanic or Latino
	Not Hispanic or Latino

Part I: Ethnicity Designation

Is the person Hispanic or Latino? Must choose one.

- Hispanic or Latino *[If selected go to Question I-A]* Not Hispanic or Latino *[If no, go to Question Part II]*

Optional Question I-A: If Hispanic or Latino was chosen above, select all that apply from the list below:

- Columbian Ecuadorian Guatemalan Mexican Puerto Rican Salvadoran
 Spaniard/Spanish/Spanish-American Unknown Other Decline to indicate

Question Part II	Answer Part II
What is the person's race? (Choose one or more)	American Indian or Alaska Native
	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White

Part II: Race Designation

Select one or more of the following categories that apply to this person:

- American Indian or Alaska Native *[If selected go to question II-A]*

Optional Question II-A: If chosen, select all that apply from the list below:

- Bad River Band Forest County Ho-Chunk Lac Courte Oreilles Lac du Flambeau Menominee
 Oneida Nation (Wisconsin) Red Cliff Sokaogon St. Croix Stockbridge Brothertown

- Other *Please select value from Tribal Affiliation List* _____

- Asian *[If selected go to question II-B]*

Optional Question II-B: If chosen, select all that apply from the list below:

- Burmese Chinese Filipino Hmong Indian Karen Korean
 Vietnamese Unknown Other Decline to indicate

- Black or African American *[If selected go to question II-C]*

Optional Question II-C: If chosen, select all that apply from the list below:

- African-American Ethiopian-Oromo Ethiopian-Other Liberian Nigerian Somali Unknown
 Other Decline to indicate

Native Hawaiian or Other Pacific Islander

White

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

1ST 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)	

2ND 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)*

1ST 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)	

2ND 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** _____