



# HOUSEHOLD REGISTRATION

Household information shall be filled out once by the parent/guardian at the first registration site. Parent/Legal Guardian should provide photo identification (i.e....drivers license, employment id) and supporting guardianship documentation, if necessary.

OFFICE USE – SIGN/DATE	
Entry Date	_____
<input type="checkbox"/> BC Verified	_____
<input type="checkbox"/> ID Verified	_____
<input type="checkbox"/> Registrar initial	_____

This form must include, a) child/children **legal birth certificate** (students entering 4K, Kdg or new enrollment in WSL ) which will be viewed and immediately returned to you, and b) **one copy of proof of residence** in the School District of Waupaca.

## PROOF OF RESIDENCY FOR PRIMARY HOUSEHOLD (The address where the children reside in district)

A copy of one of the approved proof of residency documents listed below.

- Current Utility bill (gas, electric, water)
- Voter Registration
- Current lease or rental agreement
- Foster Care, DHS Letter, shelter or other residency letter
- Current closing or purchase agreement

## ENROLLMENT TYPE REQUESTED

- RESIDENT  Primary Address is within the Waupaca School District boundaries
- NON-RESIDENT  Open Enrollment  Tuition Waiver  Other (66:03)
- Non-Resident District \_\_\_\_\_

## CHILDREN LIVING IN THE SAME HOUSEHOLD (Birth to age 21 and have not graduated) Please Print

### 1<sup>st</sup> Child's LEGAL NAME

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Gender  Male  Female

School  W4K Site \_\_\_\_\_  Chain O'Lakes  WLC  WMS  WHS  Not Attending

### 2<sup>nd</sup> Child's LEGAL NAME

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Gender  Male  Female

School  W4K Site \_\_\_\_\_  Chain O'Lakes  WLC  WMS  WHS  Not Attending

### 3<sup>rd</sup> Child's LEGAL NAME

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Gender  Male  Female

School  W4K Site \_\_\_\_\_  Chain O'Lakes  WLC  WMS  WHS  Not Attending

### 4<sup>th</sup> Child's LEGAL NAME

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Gender  Male  Female

School  W4K Site \_\_\_\_\_  Chain O'Lakes  WLC  WMS  WHS  Not Attending

**\*Please use an additional sheet of paper if you have additional children to register.**

**HOUSEHOLD INFORMATION Please Print**

**Primary Household - (Physical address where children reside 50% or more of the time.)**

**1<sup>st</sup> Adult – Primary Contact**

Relation to Student  Mother  Step-Mother  Foster-Mother  Guardian  Aunt/Uncle  
 Father  Step-Father  Foster-Father  Grandparent  Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ unlisted Cell Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

Email \_\_\_\_\_

Preferred contact method  Email  Web Portal  By Mail (I don't have an email account)

**2<sup>nd</sup> Adult with the same address as Primary Contact**

Relation to Student  Mother  Step-Mother  Foster-Mother  Guardian  Aunt/Uncle  
 Father  Step-Father  Foster-Father  Grandparent  Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ unlisted Cell Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

Email \_\_\_\_\_

Preferred contact method  Email  Web Portal  By Mail (I don't have an email account)

**Secondary Household – (Not children's primary residence.)**

**1<sup>st</sup> Adult**

Relation to Student  Mother  Step-Mother  Foster-Mother  Guardian  Aunt/Uncle  
 Father  Step-Father  Foster-Father  Grandparent  Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ unlisted Cell Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

Email \_\_\_\_\_

Preferred contact method  Email  Web Portal  By Mail (I don't have an email account)

**2<sup>nd</sup> Adult living in secondary household**

Relation to Student  Mother  Step-Mother  Foster-Mother  Guardian  Aunt/Uncle  
 Father  Step-Father  Foster-Father  Grandparent  Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ unlisted Cell Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

Email \_\_\_\_\_

Preferred contact method  Email  Web Portal  By Mail (I don't have an email account)

**CUSTODY INFORMATION**    Joint    Mother    Father    Other \_\_\_\_\_

**COURT ORDERED CUSTODY**    Yes    No   **If yes, Court order must be on file in the school office to be implemented.**

**EMERGENCY CONTACTS      Please Print**

List contacts in order of preference that you authorize to pick your child up from school in case of emergency, illness or to verify an absence from school if the school is unable to contact a parent or guardian.

**1<sup>st</sup> Emergency Contact**

Relation to Student    Aunt/Uncle       Child Care Provider    Neighbor       Other (specify) \_\_\_\_\_  
                                  Brother/Sister       Grandparent       Friend

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_  unlisted      Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

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**2<sup>nd</sup> Emergency Contact**

Relation to Student    Aunt/Uncle       Child Care Provider    Neighbor       Other (specify) \_\_\_\_\_  
                                  Brother/Sister       Grandparent       Friend

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_  unlisted      Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

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**3<sup>rd</sup> Emergency Contact**

Relation to Student    Aunt/Uncle       Child Care Provider    Neighbor       Other (specify) \_\_\_\_\_  
                                  Brother/Sister       Grandparent       Friend

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_  unlisted      Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

**DIRECTORY DATA AUTHORIZATION**

**PUBLIC NOTICE OF STUDENT  
EDUCATIONAL RECORDS POLICY**

Information such as a student's name, address, participation in officially recognized activities and sports, photographs, awards received and the name of the school most recently attended by the student shall be considered public information and may be released to post-secondary institutions, military recruiters, and yearbook related organizations and purposes (i.e. Jostens, news media), at a fee to be determined by the administration, unless parents or adult students refuse the release in writing. The refusal to release shall be of their own initiation. In the event parents or adult students want information to be released to persons to whom it has been refused, they may request in writing to the District Administrator (515 School Street, Waupaca, WI 54981) that it be furnished.

- Yes**, release student directory data information as specified above
- No**, don't release any directory data information for any reason.

**Signature Required**

**I verify the information above is correct and current. I will inform the school of any changes in this information.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_/\_\_\_\_/\_\_\_\_

The School District of Waupaca does not discriminate on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability.