

School District of Waupaca

INDIVIDUAL STUDENT ENROLLMENT

OFFICE USE Start Date _____/_____/_____ <input type="checkbox"/> W4K <input type="checkbox"/> Chain O'Lakes <input type="checkbox"/> WMS <input type="checkbox"/> WLC <input type="checkbox"/> WHS

DEMOGRAPHIC INFORMATION FOR ENROLLING STUDENT	Please Print
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Student's Legal Name _____

Last Name _____ First Name _____ Middle Name _____

Gender Male Female Birth Date ____/____/____ Age _____ Grade _____

Birth City _____ Birth State _____ Birth County _____

Student Cell Phone _____ Student email (other than school email) _____

Race/Ethnicity Please answer both questions.

1. Is the student Hispanic or Latino? (Select one) Yes No
2. Select one or more of these categories? (Select one or more)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

HOME LANGUAGE SURVEY	Please Print
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Student's Birth Country _____ Language most often spoken at home _____

First language spoken by the student _____

Has the student been enrolled at least 3 consecutive years in a US school? Yes No

PREVIOUS EDUCATION EXPERIENCE	Please Print
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Name of last school attended _____

Physical Address _____

Phone Number (_____) _____

Has the student been retained? Yes No Grade Level Retained _____

Has the student ever attended a School District of Waupaca school? Yes No Year? _____

Has this student been expelled from any school? Yes No Please provide details with Registrar or Guidance Counselor

Are there any disciplinary proceedings pending that could lead to expulsion? Yes No

PARTICIPATION IN PROGRAMS

Please check any special programs in which the student has participated

Special education/IEP Title 1 At Risk 504
 ESL/ELL Gifted/Talented Other _____

EMERGENCY CLOSING PLAN

The decision to close school is made by the District Administrator. In the event school would be dismissed early due to inclement weather or another emergency, parents will be notified by Infinite Campus Messenger, the District's alert system, or announcements on local radio or television stations. As your plans change, please notify the student's teacher or the school office.

HEALTH CONCERNS/MEDICAL INFORMATION**Please Print**

Please indicate any of the following that may apply to the student. If checked, explain fully on line below. If you have any information of a highly confidential nature, please contact the school nurse at the student's school.

- | | | |
|--|---|--|
| <input type="checkbox"/> Severe reaction to insect bites | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Severe reaction to food | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Emotional problems | <input type="checkbox"/> Skin rashes | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Vision loss | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Hearing loss |
| <input type="checkbox"/> Activity restriction | <input type="checkbox"/> Lactose intolerant | <input type="checkbox"/> Other (specify) _____ |

Explain: _____

Medication student needs to take during school hours **Contact the school health office for medication form.**

Please provide the name and telephone number of the student's doctor and dentist. Your signature on this form gives school personnel permission to exercise their own judgment in calling a physician, dentist or 911.

Family Doctor _____ Phone (____) _____

Family Dentist _____ Phone (____) _____

IF STUDENT IS LIVING WITH SOMEONE OTHER THAN HIS OR HER PARENT, PLEASE ANSWER QUESTIONS BELOW.

Student resides with

- | | | | | |
|--------------|---|--|-----------------------------------|--|
| Relationship | <input type="checkbox"/> Aunt/Uncle | <input type="checkbox"/> Child Care Provider | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Other (specify) _____ |
| | <input type="checkbox"/> Brother/Sister | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Friend | |

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ unlisted Cell Phone (____) _____

Work Phone (____) _____ Ext _____ Email _____

Reason student is living away from parent(s) _____

Estimated period of time student will reside with person(s) other than parent _____

(If this is a court ordered placement, please attach a copy of the court order to this form)

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 ____/____/____

Office Use

Student ID# _____

Enrollment Date ____/____/____

School Personnel Initials _____