

TRANSPORTATION		
<input type="checkbox"/> Bus _____	<input type="checkbox"/> Walk	<input type="checkbox"/> Parent Pick-up

Student Number	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Today's Date	School
Legal Last Name	Legal First Name	Middle Name	Preferred Name	
Birth Date	Birthplace	City	State	Country
Legal District of Residence <input type="checkbox"/> Minocqua J1 School District <input type="checkbox"/> Other				Birth Certificate Verified
Proof of Address				

SIBLING INFORMATION

Do you have other children residing at home? Yes No If yes, please list name and relationship to student below:

Name: _____ Relationship: _____ Name: _____ Relationship: _____

Name: _____ Relationship: _____ Name: _____ Relationship: _____

PARENT/GUARDIAN INFORMATION

Student living with: Both Parents Mother Only Father Only Grandparents Father/Stepmother Mother/Stepfather Guardian Agency Self Other Guardian(s) _____

PRIMARY HOUSEHOLD	GUARDIAN 1		Last Name (Legal)	First	M.I.	Language Spoken		
	Home Phone ()	Work Phone ()	Cell Phone ()	Email Address				
	Place of Employment _____			Active Military or Federal Employee: <input type="checkbox"/> Reserves <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Washington National Guard <input type="checkbox"/> Other _____ Rank _____				
	Occupation/Unit _____		Resident Address		Apt#/Complex	City	State	ZIP
	Mailing Address <input type="checkbox"/> Same as resident Address		Apt#/Complex	City	State	ZIP		
	GUARDIAN 2		Last Name (Legal)	First	M.I.	Language Spoken		
	Home Phone ()	Work Phone ()	Cell Phone ()	Email Address	Email Address			
	Place of Employment _____			Active Military or Federal Employee: <input type="checkbox"/> Reserves <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Washington National Guard <input type="checkbox"/> Other _____ Rank _____				
	Occupation/Unit _____							

Fill out this section only if student has a parent/legal guardian **NOT** living at the address above

SECOND HOUSEHOLD	Last Name (Legal)		First	M.I.	Language Spoken			
	Street Address		Apt#/Complex	City	State	ZIP		
	Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____				Phone: Work _____ Home _____ Cell _____			
	Place of Employment _____			Active Military or Federal Employee: <input type="checkbox"/> Reserves <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Washington National Guard <input type="checkbox"/> Other _____ Rank _____				
	Occupation/Unit _____							
	GUARDIAN 1		Last Name (Legal)	First	M.I.	Language Spoken		
	Street Address		Apt#/Complex	City	State	ZIP		
	Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____				Phone: Work _____ Home _____ Cell _____			
	Place of Employment _____			Active Military or Federal Employee: <input type="checkbox"/> Reserves <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Washington National Guard <input type="checkbox"/> Other _____ Rank _____				
	Occupation/Unit _____							

IS THERE A PARENTING PLAN IN EFFECT? Yes No If yes, a certified copy of most recent plan must be on file with the school for enforcement. The enrolling parent/legal guardian shall provide the original document for copying at the school, or shall provide a certified copy to the school.

IS THERE A RESTRAINING ORDER IN EFFECT? Yes No If yes, a certified copy of the order must be on file with the school for enforcement. The enrolling parent/legal guardian shall provide the original document for copying at the school, or shall provide a certified copy to the school.

Restraining order is against: Mother Father Other _____

LANGUAGE AND CULTURAL BACKGROUNDFirst language learned English Other _____ Languages spoken in the Home English Other _____Language the student uses most often English Other _____

Race and Ethnicity: Please answer both questions 1 and 2.

1. Is this student Hispanic or Latino? (choose only one) Yes, Hispanic or Latino No, not Hispanic or Latino
 (Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino.)
2. Is this student: (choose one or more, you must select at least one)
- American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White

UNIQUE EDUCATIONAL NEEDS

Special Education/IEP Services (please check any and all that apply) Student has current IEP Autism Speech and Language Emotional Disabilities
Intellectual Disabilities Specific Learning Disability _____
Visually Impaired Hearing Impaired Other Health Impairment _____

Educational Services (please check any and all that apply) Reading Intervention Services Written Language Services Math Intervention Services
Behavioral Intervention Services Gifted and Talented Services - Area: _____

PREVIOUS SCHOOLS

Previous School Attended	City	State	Date Entered	Date Exited

EMERGENCY CONTACTS AUTHORIZED TO PICK UP YOUR CHILD**When an emergency situation occurs involving your child and we are unable to reach a parent/guardian, please list persons who are available to pick up your child.**

Last Name	First	Relationship to student	Language Spoken <input type="checkbox"/> English <input type="checkbox"/> Other _____
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Address	City	State	Zip
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Place of Employment	Home Phone ()	Work Phone ()
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Email Address	Cell Phone ()
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Last Name	First	Relationship to student	Language Spoken <input type="checkbox"/> English <input type="checkbox"/> Other _____
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Address	City	State	Zip
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Place of Employment	Home Phone ()	Work Phone ()
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Email Address	Cell Phone ()
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MEDICAL/HEALTH INFORMATION

Doctor Name	Phone ()	Dentist Name	Phone ()
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Preferred Hospital Ascension (Howard Young) Aspirus Marshfield Other _____

Allergies and Health Conditions:

MEDICAL/HEALTH CARE NEEDS

Please check any and all that apply. Attention Deficit Disorder Asthma Uses Inhaler Diabetes Allergies Epilepsy/Seizures
504 Plan on file at pervious school Physical Disabilities _____ Other _____

Do school authorities have parental consent to administer Tylenol or ibuprofen? Yes No (Dosage will be age and weight appropriate according to manufacturers directions.)Do school authorities have parental consent to seek medical treatment in case of emergencies? Yes No

Parent Signature _____ Date: _____

EMERGENCY PROCEDURE

- In the event my child is injured or becomes seriously ill and no responsible person from the home can be reached, I hereby delegate the principal or the school's delegated agent to do whatever is in the best interest of my child.
- In the event my child is seriously injured or becomes seriously ill, I hereby delegate the principal or the school's delegated agent to summon an ambulance as the first emergency procedure.

Person Enrolling Student

Name _____ Signature _____
(Please Print)

Relationship to Student _____ Date _____