

Please fill out completely and accurately.

DeForest Area School District

\* Required field for State or District reporting

New Student Registration Form

STUDENT INFORMATION:

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_

\*Middle Name (Full): \_\_\_\_\_ Name to use in classroom: \_\_\_\_\_

\*Address (where student resides 50% or more of the time): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Township: \_\_\_\_\_ Co.:  Dane  Columbia

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Gender:  M or  F \*Grade Entering: \_\_\_\_\_

\*Birthplace: \*City \_\_\_\_\_ \*County \_\_\_\_\_ \*State \_\_\_\_\_

\*Ethnicity: Is your student Hispanic or Latino?  Yes  No \*Primary Home Language:  English  Spanish

\*What is your student's race? (Please mark all that apply)

- Black or African American  White
 American Indian or Alaska Native  Asian
 Native Hawaiian or Other Pacific Islander

1. Does the student speak a language other than English at home? Yes No
2. Does the student hear a language other than English at home? Yes No
3. Has the student ever lived in an environment where he/she used or heard a language other than English? Yes No

\*Last School Attended: \_\_\_\_\_ \*City & State: \_\_\_\_\_

\*Has this student ever received:  At-Risk Services  Community Social Work/CAP/NIP Services  ELL services

Special Education Services If you checked special ed., does your student have a current IEP?  Yes  No

\*Has this student been expelled or currently facing an expulsion?  Yes  No

Are you registering other siblings in the District?  No  Yes Grade level(s): \_\_\_\_\_

EMERGENCY/HEALTH INFORMATION:

\*Physician: \_\_\_\_\_ \*Phone: (\_\_\_\_) \_\_\_\_\_

\*Clinic: \_\_\_\_\_ \*Hospital:  St. Mary's  Meriter  UW Hospital

\*Medical/Health Information: (Check all that apply)

Asthma Use inhaler?  Yes  No If yes, where will the inhaler be kept? \_\_\_\_\_

- Allergies:  food (to what?) \_\_\_\_\_
 medication (which one[s]?) \_\_\_\_\_
 seasonal (i.e. hayfever, etc.) \_\_\_\_\_
 environmental (to what?) \_\_\_\_\_
 bee stings Does your student need an epi-pen?  Yes  No
 animals (which one[s]?) \_\_\_\_\_

Diabetes  Heart problems  Other \_\_\_\_\_

Will your student take any daily medication at school?  Yes  No If yes, what medication? \_\_\_\_\_

If the medication is to be taken during the school day, please be sure that the blue or white medication administration card, as well as the medication, is delivered to the school office/nurse.

Emergency contacts: (i.e. parent/guardian, grandparent, sibling, aunt, uncle, friend, neighbor)

- 1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

(over)

**FAMILY INFORMATION: \*(Primary Parent/Guardian #1 - who student resides with 50% or more of the time)**

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Middle Name: \_\_\_\_\_

Gender:  M or  F \*Relationship: \_\_\_\_\_ \*Primary Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

**\*(Primary Parent/Guardian #2 living at same address)**

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Middle Name: \_\_\_\_\_

Gender:  M or  F \*Relationship: \_\_\_\_\_ \*Primary Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ \*Email: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

**ADDITIONAL FAMILY INFORMATION: (Parent/Guardian NOT residing at primary residence)**

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Middle Name: \_\_\_\_\_

Gender:  M or  F \*Relationship: \_\_\_\_\_ \*Primary Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

**\*(Parent/Guardian #2 living at same address as person directly above)**

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Middle Name: \_\_\_\_\_

Gender:  M or  F \*Relationship: \_\_\_\_\_ \*Primary Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ \*Email: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

*Additional Family Receives Report Cards and Forms?*  Yes  No

*Are there legal/court ordered restrictions on a member of the additional family?*  Yes  No

Signed \_\_\_\_\_ Relationship to student \_\_\_\_\_ Date \_\_\_\_\_

**This enrollment is conditional pending receipt of school records and verification of information provided.**

*For Office Use Only:*

**PROOF OF RESIDENCY:**  Lease  Utility Bill  Driver's license  Home purchase contract

**BIRTH CERTIFICATE:**  **Skyward ID:** \_\_\_\_\_