

Please fill out completely and accurately.

DeForest Area School District

* Required field for State or District reporting

New Student Enrollment Form

STUDENT INFORMATION:

Skyward ID: _____

*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

*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

*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: (____) _____

*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: To what? _____ Medication (which one[s]?) _____

Epi-pen needed? Yes No

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 _____

*Parent In Military: (Check all that apply)

Is either parent or guardian on active duty in the military?

Is either parent or guardian a traditional member of the Guard or Reserve?

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?

(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: **BIRTH CERTIFICATE:** **HOME LANG SURVEY**



DeForest Area School District Home Language Survey

Purpose

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

Student First Name: _____ Middle Initial: _____ Last Name: _____

Grade: _____ DOB: ____/____/____ School: _____

Student First Name: _____ Middle Initial: _____ Last Name: _____

Grade: _____ DOB: ____/____/____ School: _____

Student First Name: _____ Middle Initial: _____ Last Name: _____

Grade: _____ DOB: ____/____/____ School: _____

Date of Administration: ____/____/____

Parent/Guardian Information

First Name	Last Name	Relationship to Student

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

HLS administered by: _____ Position _____

Section 1

1. Was the first language used by this student English?

- Yes: Go to Question 2
- No: Go to Question 3

2. When at home, does this student hear or use a language other than English more than half of the time?

- Yes: Go to Question 4
- No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

3. When at home, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 4

4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP Screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 5

5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 6

6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 7

7. Is this student a Native American, Native Alaskan, or Native Hawaiian?

- Yes: Go to Question 8
- No: Go to Question 9

8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 9

9. Has this student recently moved from another school district where they were identified as an English Learner?

- Yes: Rescreen the student if they meet the criteria for rescreening. See EL Policy Handbook. Otherwise, student's ELP should be carried over from the sending district.
- No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

Section 2

HLS Result: **Screen / Do not Screen** (circle one)

Languages other than English used by student, if identified: _____

Preference for languages used for school communications (may be multiple):

Parent /Guardian: _____

Parent/Guardian: _____

Oral: _____

Oral: _____

Written: _____

Written: _____