



Section 1: Student's Information									
Child's Legal Last Name:		Child's Legal First Name:		Middle Name:		Date of Birth (mm/dd/yy):		Gender: Male      Female	
District of Residence		Enrolling into Grade:		Has this student ever been expelled?      Yes      No					
				Is this student under an expulsion order at this time?      Yes      No					
Ethnicity (Select one):    Hispanic/Latino      Non-Hispanic/Latino Race (select all that apply):    American Indian/Alaskan Native    Asian    Black/African American    Native Hawaiian/Other Pacific Islander    White <i>American Indian/Alaskan Native only-please indicate tribal affiliation:    Forest County Potawatomi    Lac du Flambeau    Oneida Nation    Sokaogon    Ho-Chunk    Other:</i>									
Section 2: Primary Household									
Street Address:				City:		State:		Zip:	
Mailing Address (if different):				Mailing City:		Mailing State:		Mailing Zip:	
Check one:    Mother    Father    Guardian    Stepfather    Stepmother    Foster    Other (specify):									
Parent/Guardian Last Name:			Parent/Guardian First Name:			Email:			
Cell Phone:			Work Phone:			Employer:			
Check one:    Mother    Father    Guardian    Stepfather    Stepmother    Foster    Other (specify):									
Parent/Guardian Last Name:			Parent/Guardian First Name:			Email:			
Cell Phone:			Work Phone:			Employer:			
<i>Current Living Situation:    ___ In a shelter    ___ Disaster victim    ___ Doubled up with relatives or others due to lack of housing    ___ Other:</i> <i>(Select One If Applicable)    ___ At a train or bus station, park or in a car    ___ In an abandoned apartment or building</i> <i>   ___ In a motel/hotel, campground or similar situation due to lack of alternative, adequate housing</i>									
Section 3: Secondary Household (if applicable)									
(Both parents will have rights to full pupil records unless a court order revokes those rights and is on file at the school)									
Check one:    Mother    Father    Guardian    Stepfather    Stepmother    Foster    Other (specify):									
Parent/Guardian Last Name:			Parent/Guardian First Name:			Email:			
Cell Phone:			Work Phone:			Employer:			
Street Address:			City:			State, Zip:			
Mailing Address (if different):			Mailing City:			Mailing State, Zip:			
Section 4: Sibling/Others Living in Household Information									
Name:		DOB:	Male	Relationship to Student:		School:			
			Female						
Name:		DOB:	Male	Relationship to Student:		School:			
			Female						
Name:		DOB:	Male	Relationship to Student:		School:			
			Female						
Name:		DOB:	Male	Relationship to Student:		School:			
			Female						
Section 5: Military Service Information									
Is either parent or guardian on active duty in the military?      Yes      No				If yes, name of parent:					
Is either parent or guardian a traditional member of the Guard or Reserve?      Yes      No									
Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?      Yes      No									
Section 6: Education Services									
Does your child have an Individualized Education Plan (IEP): Yes      No					Does your child have a 504 plan? Yes      No				

If yes, please indicate primary disability below:					
Autism		Other Health Impairment		Specific Learning Disability	
Intellectual Disability		Significant Developmental Delay		Orthopedic Impairment	
Emotional/Behavioral Disability		Traumatic Brain Injury		Visually Impaired	
				Hearing Impaired	
				Speech/Language Impaired	
				Other:	

Section 7: Home Language Survey		
Has the student been significantly exposed to another language other than English? Yes      No	Is the student's native language a language other than English? Yes      No If yes, what language?	Is the primary language used in the student's home a language other than English? Yes      No
What languages do you or other parent/guardian use when speaking to your child?	Has the student received English as a Second Language Services or English Language Learner Services at school?      Yes      No	
What is the preferred language for written communication home?	What is the preferred language for spoken communication home?	
Do you want a translator available at school conferences?      Yes      No		

Section 8: Digital Equity		
Can the student access the internet on their primary learning device at home? Yes      No	If the student is unable to access internet in their primary place of residence why not? Not desired      Not available      Not affordable      Other	
What is the primary type of internet service used at the residence? Residential Broadband (e.g., DSL, Fixed Wireless, Cable, Fiber)      Cellular Network      Hot Spot (school provided hot spot or school provided service)		
Satellite      Community Provided Wi-Fi      Dial-up      Other      None      Unknown		
What device does the student most often use to complete school work at home? Desktop Computer      Laptop Computer      Tablet      Chromebook      Smartphone      None      Other		
Can the student stream a video on their primary learning device without interruption? Yes      Sometimes (not consistently)      No	Who provided the primary learning device to the student? School      Personal      Other	
Is the primary learning device shared with anyone else in the household?      Shared      Not Shared      Unknown		

Section 9: Medical Conditions		
Medical Conditions (check any/all that apply)      Diabetes      Asthma      Epilepsy      Heart Disease      ADD/ADHD      Vision/Hearing      Bowel/Bladder Condition		
Other:		
Will your child need to take medication during school hours?      Yes*      No      *If yes, a completed prescription or non-prescription authorization form is required		
Medication:		
**Allergies:		
**A child with a food allergy must be provided substitutions in foods, when that need is supported by a <b>statement signed by a licensed physician</b> .		
Doctor:	Clinic Name:	Phone:
Dentist:	Dental Office:	Phone:
Fax:		
Fax:		
If there is an emergency and we are not able to contact you, may the school authorities use their own judgment in calling for medical assistance? Yes      No		

Section 10: Emergency Contacts		
(Someone who is able to pick up your child in your absence – must be 18 years old – please list at least two)		
Full Name:	Phone:	Relationship to Student:

Section 10: Previous School Information (if applicable)		
Last School (or district) attended:	Address:	City, State, Zip:
Phone:	Fax:	Name of Counselor and/or Principal:

Section 11: Signature	
I agree that the information provided herein is complete and accurate. I understand that this information is being used by the school district for the purposes of registering my child. I agree to promptly inform the school district of any changes in this information, including any changes in the residency of my child.	
Parent/Guardian Signature:	Date:

\*The information on this form is used to send automated calls, texts, and email updates to parents/guardians. This includes emergency information such as school closures due to weather etc. If you do not want to receive messages and alerts, please contact the school office. Also, if you do not want your student's image used in photos or videos in any way, please call the office for a media opt-out form.

For Office Use Only:											
School			Student ID		Grade		Start Date		Verified Birth Cert		Immunization
TL Elem	SC Elem	JH HS									
Teacher	IT	Principal	PR	FRAM	Transportation	Guidance	Kitchen	Sped	Library	Specials	Interventionist