



**THREE LAKES SCHOOL DISTRICT
STUDENT ENROLLMENT FORM 2023-2024**

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 or Primary Phone:		Work Phone:		Employer:	
Check one: Mother Father Guardian Stepfather Stepmother Foster Other (specify):					
Parent/Guardian Last Name:		Parent/Guardian First Name:		Email:	
Cell or Primary Phone:		Work Phone:		Employer:	
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 or Primary Phone:		Work Phone:		Employer:	
Section 4: Sibling/Others Living in Household Information					
Name:	DOB:	Male Female	Relationship to Student:	School:	
Name:	DOB:	Male Female	Relationship to Student:	School:	
Name:	DOB:	Male Female	Relationship to Student:	School:	
Name:	DOB:	Male Female	Relationship to Student:	School:	
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):			Does your child have a 504 plan?		
Yes No			Yes No		
If yes, please indicate primary disability below:					
Autism		Other Health Impairment		Specific Learning Disability	Hearing Impaired
Intellectual Disability		Significant Developmental Delay		Orthopedic Impairment	Speech/Language Impaired
Emotional/Behavioral Disability		Traumatic Brain Injury		Visually Impaired	Other:

