



SCHOOL DISTRICT OF THREE LAKES

"Teaching Students To Be Productive Citizens"



715-546-3496 (P) / 715-546-8125 (F)



6930 W. School St., Three Lakes, WI 54562



www.threelakesd.k12.wi.us

Enrollment Form 2026-2027

Section 1: Student's Information				
Child's Legal Last Name	Child's Legal First Name	Middle Name	Date of Birth	Gender
District of Residence	Enrolling into Grade	Has this student ever been expelled Is this student under an expulsion order at this time?		
Ethnicity (Select one)	Race (select all that apply)	American Indian/Alaskan Native only-please indicate tribal affiliation		

Section 2: Primary Household				
Current Living Situation (Select one if applicable)				
Street Address	City		State	Zip
Mailing Address (if different)	Mailing City		Mailing State	Mailing Zip
Parent/Guardian			Parent/Guardian	
Relationship			Relationship	
First Name			First Name	
Last Name			Last Name	
Email			Email	
Cell Phone			Cell Phone	
Work Phone			Work Phone	
Employer			Employer	

Section 3: Siblings/Others Living in Household Information				
Relationship	Relationship	Relationship	Relationship	Relationship
First Name	First Name	First Name	First Name	First Name
Last Name	Last Name	Last Name	Last Name	Last Name
DOB	DOB	DOB	DOB	DOB
Gender	Gender	Gender	Gender	Gender
School	School	School	School	School

Section 4: Secondary Household Check if no secondary household exists				
(*Both parents will have rights to full pupil records unless a court order revokes those rights and is on file at the school)				
Street Address	City		State	Zip
Mailing Address (if different)	Mailing City		Mailing State	Mailing Zip
Parent/Guardian			Parent/Guardian	
Relationship			Relationship	
First Name			First Name	
Last Name			Last Name	
Email			Email	
Cell Phone			Cell Phone	
Work Phone			Work Phone	
Employer			Employer	

Section 5: Military Service Information			
Is either parent or guardian on active duty in the military?	If yes, name of parent?	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?

Section 6: Education Services			
Does your child have an Individualized Education Plan (IEP)?	Does your child have a 504 plan?	If yes, please indicate primary disability	Other

Section 8: Home Language Survey			
Has the student been significantly exposed to another language other than English?	Is the student's native language a language other than English? If yes, what language?	Has the student received English as a Second Language Services (ESL) or English Language Learner Services at school?	Is the primary language used in the student's home a language other than English?
What languages do you or other parents/guardians use when speaking to your child?	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?

Section 7: Migratory Students
In the last three years, have you or anyone in your household moved to work, or to look for work in agriculture (including but not limited to planting, harvesting, or canning vegetables or fruits, dairy farming, sod farming, etc.)?

Section 9: Digital Equity		
Can the student access the internet on their primary learning device at home, if not, why?	What is the primary type of internet service used at the residence?	Can the student stream a video on their primary learning device without interruption?
What device does the student use to complete school work at home?	Is the primary learning device a personal device or school-provided device?	Is the primary learning device shared with anyone else in the household?

Section 9: Medical Conditions		
Medical Conditions Other	**Allergies	** <i>(A child with a food allergy must be provided substitutions in foods, when that need is supported by a statement by an authorized medical authority)</i>
Will your child need to take medication during school hours <small>(If yes, a completed prescription or non-prescription authorization form is required)</small>	Medications	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?

Section 11: Emergency Contacts (Someone who is able to pick up your child in your absence – must be 18 years old – please list at least two)		
Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Name	Name	Name
Cell Phone	Cell Phone	Cell Phone
Home Phone	Home Phone	Home Phone
Work Phone	Work Phone	Work Phone
Relationship to Student	Relationship to Student	Relationship to Student

Section 12: Previous School Information (if applicable)		
Last School (or District) Attended	Address	City, State, Zip
Phone	Fax	Name of Counselor and/or Principal

Section 13: 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 for an opt-out form. 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	Email	Digital Equity	WISEid	User/Pass	POS	Assessment	Grad/CoHort
TLE SCE JH HS											
Teacher	IT	Principal	PR	FRAM	Transportation	Guidance	Kitchen	Sped	Library	Specials	Interventionist