

**WAUNAKEE COMMUNITY SCHOOL DISTRICT - ENROLLMENT INFORMATION**  
**2011 – 2012 School Year / Including Summer School 2012**

Annual update by parents/guardians required.

STUDENT INFORMATION				STUDENT ID:
LEGAL Last Name:	LEGAL First Name:	Middle:	Suffix:	Birth Date: (MM/DD/YYYY) Age:
Nickname:	Birthplace - County/City/State:	First Year in U.S. Schools (YYYY)	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Grade (2011-2012)

**Racial/Ethnic Background and Migratory Status Information:** Required by State/Federal law. Answer **ALL** questions below:

<b>1<sup>st</sup> Question - Is this student Hispanic or Latino?</b>  <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, neither Hispanic or Latino	<b>2<sup>nd</sup> Question – Check box(es) if appropriate:</b>  <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pacific Islander	Have you or anyone in your family moved within the past 3 years to work in <b>seasonal</b> or <b>temporary</b> agricultural employment? This work includes producing crops, processing vegetables, caring for livestock, working on dairy farms, forestry, and fisheries? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date moved: _____  If Yes, from: _____ to: _____
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**STUDENT'S PRIOR ENROLLMENT INFORMATION (NEW STUDENTS ONLY)**

School Name:	Grade:	School Year:
Transfer from District, if applicable (City/State/Phone #):		

**GUARDIAN HOUSEHOLD INFORMATION-PRIMARY STUDENT RESIDENCE**

Student lives with:  Both Parents, one residence  Joint custody of physical placement  
 Sole custody with:

Household Address:		City:	Zip:
(If different than above): Mailing Address:		City: Zip:	
Home Phone: *(ENN)	Proof of Residency: <i>The Person with whom the student lives in the district and claims custody must provide one of the following:</i> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>current signed lease</span> <span>closing statement/purchase agreement</span> <span>utility/phone bill (not cell)</span> </div>		
Adult Guardian Last Name:	Adult Guardian First Name:	Suffix:	Relationship to Student:
Adult Guardian Work Phone:	Adult Guardian Cell Phone: *(ENN)	Adult Guardian Email Address: *(ENN)	Employer:
2 <sup>nd</sup> Adult Last Name:	2 <sup>nd</sup> Adult First Name:	Suffix:	Relationship to Student:
2 <sup>nd</sup> Adult Work Phone:	2 <sup>nd</sup> Adult Cell Phone: *(ENN)	2 <sup>nd</sup> Adult Email Address: *(ENN)	Employer:
Sibling Last Name:	Sibling First Name:	Birth Date:	Grade: Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Sibling Last Name:	Sibling First Name:	Birth Date:	Grade: Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Sibling Last Name:	Sibling First Name:	Birth Date:	Grade: Gender: <input type="checkbox"/> M <input type="checkbox"/> F
*(ENN)-Emergency Notification Number and email will be called if/when school is dismissed early, low balance in lunch account, unexcused absence/tardy, etc.			

**SECONDARY HOUSEHOLD INFORMATION, IF APPLICABLE**

Household Address:		City:	State:	Zip:	Home Phone: *(ENN)
Adult Guardian Last Name:	Adult Guardian First Name:	Suffix:	Relationship to Student:		
Adult Guardian Work Phone:	Adult Guardian Cell Phone: *(ENN)	Adult Guardian Email Address: *(ENN)	Employer:		
2 <sup>nd</sup> Adult Last Name:	2 <sup>nd</sup> Adult First Name:	Suffix:	Relationship to Student:		
2 <sup>nd</sup> Adult Work Phone:	2 <sup>nd</sup> Adult Cell Phone: *(ENN)	2 <sup>nd</sup> Adult Email Address: *(ENN)	Employer:		
*(ENN)-Emergency Notification Number and email will be called if/when school is dismissed early, low balance in lunch account, unexcused absence/tardy, etc.					

**Complete the section below only if parents/guardians reside in two separate households.**

**JOINT LEGAL CUSTODY PARENT/GUARDIAN INFORMATION**

Parents/Guardians who share joint legal custody both have the right to consult with school officials concerning the child(ren)'s welfare and educational status, and to inspect and receive student records, pursuant to sec. 118.125 WI Stats.

Parents with joint legal custody will both receive copies of all official school reports, notices of parent-teacher conferences/staffings and school programs.

**NON-RESIDENT CUSTODIAL PARENT/GUARDIAN INFORMATION** (parent/guardian living outside of the Waunakee Community School District)

Name of non-resident custodial parent (address and phone are listed on the first page):
Check all that apply: <input type="checkbox"/> Is entitled to school information regarding student. <input type="checkbox"/> Has permission to pick up student from school.
Additional custody information:

**PARENT WITH RESTRICTIVE CUSTODY OR DENIED PERIODS OF PHYSICAL PLACEMENT**

<b>Parents/guardians please provide the school with copies of court orders related to restrictive custody to support compliance.</b>	
Name of parent with restricted custody:	
Address:	(city): (state): (zip):
Home phone:	Cell phone: Pager #:
Place of employment:	Work phone: Extension:
There <u>is</u> a court order restricting access to the student or student's record dated _____ and filed in the following court: _____	
The court has determined this parent to have: <input type="checkbox"/> Restrictive custody <input type="checkbox"/> Denied periods of physical placement	
Additional custody information:	

**EMERGENCY CONTACT WHEN UNABLE TO REACH PARENT/GUARDIAN:**

Contact name:	Relationship:
Home phone:	Work phone:
Additional name:	Relationship:
Home phone:	Work phone:
Daycare provider:	Phone:
Medical practitioner:	Phone:
Clinic:	Phone:
Preferred hospital:	Phone:
Dentist:	Phone:

**OTHER STUDENT INFORMATION:**

Is English the primary language spoken in the home?  Yes  No

Has your child been tested for English Language Learner services?  Yes  No

Has your child ever received English Language Learner services?  Yes  No

If yes, please indicate dates: \_\_\_\_\_

Is your child currently receiving English Language Learner services?  Yes  No

Has your child ever received special education services?  Yes  No

If yes, please indicate dates: \_\_\_\_\_

Does your child currently receive special education services?  Yes  No

Has your child been evaluated for special education services?  Yes  No

Has your child ever received 504 accommodations?  Yes  No

If yes, please indicate dates: \_\_\_\_\_

Does your child currently receive 504 accommodations?  Yes  No

Has your child ever received any other special services?  Yes  No

If yes, please indicate (service and dates): \_\_\_\_\_

Does your child currently receive any other special services?  Yes  No

If yes, please indicate: \_\_\_\_\_

Has your child been expelled from another school district or is your child currently involved in any pending expulsion proceeding in another school district?  Yes  No

**STUDENT INFORMATION DISCLOSURE:****Disclosure of Student Directory Data – Family Educational Rights and Privacy Act (FERPA):**

Schools are permitted to disclose, without consent, “directory” information such as a student’s name, address, telephone listing data and place of birth, honors and awards, and dates of attendance. Under the Family Educational Rights and Privacy Act, the district is required to give parents/guardians the notice of the opportunity to have their child’s directory data remain confidential if they provide the school administration such a request in writing. Through an annual notice published in August in the Waunakee Tribune, the District provides detailed notice of the information designated as directory data and parents’ rights to refuse disclosure of the directory data. Parents have 14 days from receiving the annual notice to refuse the release of directory data information by contacting their child’s principal. *This means that you have control over what information the district can release to third parties if they ask the school for information regarding your child.*

**STUDENT RECRUITING INFORMATION – high school level only**

The school district is required to provide, upon request by military recruiters or an institution of higher education, access to student directory data (name, address, telephone listing). Under the No Child Left Behind Act of 2001 and the National Defense Authorization Act for Fiscal Year 2002, the district is required to give parents/guardians the notice of the opportunity to have their child’s directory data (student name, student address and telephone listings) protected if they provide the school administration their intentions in writing. Absent parental request to protect this information, military recruiters and higher education institutions may receive this information upon request.

To the best of my knowledge, the information provided is complete and accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH SURVEY/INFORMATION: This information must be updated annually to ensure our records are current.**

<b>Student Name:</b>	<b>DOB:</b>	<b>Grade:</b>
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YES (✓)	NO (✓)	
		Student has had the chicken pox disease. Approximate Date:
		Severe reaction to insect stings. Cause/Reaction:
		Food allergies. Cause/Reaction:
		Other allergies. Cause/Reaction:
		* Epi-pen at school: <input type="checkbox"/> In School Health Office <input type="checkbox"/> With Student
		Asthma (check one): <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Cause/Reaction:
		* Inhaler at school: <input type="checkbox"/> In School Health Office <input type="checkbox"/> With Student
		Heart condition (describe):
		Vision loss (not corrected by glasses):
		Hearing loss (describe):
		Emotional problems (describe):
		Diabetes (describe):
		Seizures (describe):
		Migraines/Headaches (describe):
		Physical limitations (please list):
		Student is taking medication at home that the school needs to be aware of: List Medication:

\*Please list any medications the student will be taking at school:

Location of medication:     In School Health Office       With Student

Please complete with date any new immunization boosters the student has received:

Varicella (chicken pox) \_\_\_\_\_ Tdap \_\_\_\_\_ Td \_\_\_\_\_ Other \_\_\_\_\_

**\*Students who require prescription or over the counter medication during school hours must have a current medication consent form completed and signed by their parent/guardian and/or medical practitioner.** This form must be submitted to the office **prior to** medication being administered or taken at school. Medication must come in the original container and be appropriately labeled. **Forms can be found in the student handbook, on the district website, or in the school office.**

**Additional Pertinent Medical Information:**

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The parent/guardian signature below allows the school to share student health concern information with school staff members, bus drivers and coaches/advisors that may come in contact with the student.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Revised December 2010*