



Kewaskum School District Registration Form - Birth Certificate & Immunizations are needed for enrollment

PLEASE PRINT CLEARLY

Student's LEGAL Name: First Name _____ Middle _____ Last Name _____

Date of Birth: ____/____/____ Grade ____ Male ____ Female ____ Student's Birth City: _____

Student's Birth State: _____ Student's Birth Country: _____ Student's Birth County: _____

If place of birth is not the United States, what month and year did this student first start school in the United States? ____/____

Previous School Attended _____ **Phone** _____

Address _____ **City/State/Zip** _____

Is this student Hispanic or Latino? (Choose only one)

No ____ not Hispanic or Latino

Yes ____ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

Is this student (Choose one or more. You must select at least one)

____ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

____ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

____ Black or African American (A person having origins in any of the black racial groups of Africa.)

____ Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

____ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

What language(s) does this student speak at home? _____

What is the primary language spoken in your home? _____

Is this student currently enrolled in a special program? ____ YES ____ NO Which one? _____
(i.e., Math, Reading, Special Education, 504, ELL, etc.)

Has this student ever been enrolled in a special program? ____ YES ____ NO Which one? _____
(i.e., Math, Reading, Special Education, 504, ELL, etc.)

Has this student ever been expelled from any school? ____ YES ____ NO Which one? _____ Dates _____

Does this student have any pending disciplinary proceedings in any school district that could lead to expulsion? ____ YES ____ NO

If yes, please explain: _____

Emergency Information (Non-parent/guardian) to call when parent/guardian cannot be reached. These individuals are also authorized to release my child from school in the event of an emergency.

Name _____ Relationship _____ Daytime Phone/Cell Phone _____

Name _____ Relationship _____ Daytime Phone/Cell Phone _____

Medical Information

Doctor: _____ Doctor Phone: _____

Critical Medical Alert Info: _____

List any medications taken at school: _____

List any medications take at home: _____

Explain any other health conditions/physical restrictions or specific instructions regarding emergency health care: _____

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Signature of Parent/Guardian: _____ Date: _____

Name(s) of Adult(s) this Student is Primarily Living With:

Primary Phone # _____ This is the number that will be called with School Messenger for school closings, etc.

Primary Address _____

City _____ State _____ Zip Code _____ Township _____

(Adult 1) First Name _____ Last Name _____

Relationship to this Student: (circle) Father, Mother, Legal Guardian, Foster Parent

Phone # _____ Cell # _____ Work # _____

Email _____

(Adult 2) First Name _____ Last Name _____

Relationship to this Student: (circle) Father, Mother, Legal Guardian, Foster Parent

Phone # _____ Cell # _____ Work # _____

Email _____

The district will observe any restrictions as to custody and physical placement, and/or sharing of information as required by a court order, provided that it has been given a copy of such order.

Name of Parent this Student is NOT Living With and/or Shared Custody: _____ Shared Custody YES NO

(Adult 1) First Name _____ Last Name _____

Relationship to this Student: (circle) Father, Mother, Legal Guardian, Foster Parent

Phone # _____ Cell # _____ Work # _____

Email _____

(Adult 2) First Name _____ Last Name _____

Relationship to this Student: (circle) Father, Mother, Legal Guardian, Foster Parent

Phone # _____ Cell # _____ Work # _____

Email _____

Address _____

City _____ State _____ Zip Code _____ Township _____

Parents in Military

Is either parent or guardian on active duty in the military? Yes No

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

As a parent/guardian, I hereby affirm we presently reside in the Kewaskum School District or have applied and been approved for open enrollment. The information provided on this form is correct to the best of my knowledge.

Signature: _____ Date: ____/____/____