

## School District of Albany – Student Enrollment Form

### Student Information (Other students will be listed below)

**School Year: 2020-2021**

*Last Name (Legal)	*First Name (Legal)	Middle Name	Suffix	Nickname	* Gender	Age
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

\*Race/Ethnicity: Is this student Hispanic or Latino? *Choose only one.*     No, not Hispanic or Latino     Yes, Hispanic or Latino

Is this student: *(Select one or two. You must select at least one).*     American Indian or Alaska Native     Asian     Native Hawaiian or Other Pacific Islander  
 Black or African American     White

How many consecutive years has student attended US schools? \_\_\_\_\_ Is this student homeless?    Yes     No

Birth Verification Required for <u>PK, K &amp; New Students only</u> : Copy of Birth Certificate or Passport	*Birth Date	Birth City	Birth County	Birth State	Birth Country, if outside US
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Start Date	Grade	Transfer District, if applies	Transfer School, if applies	My EC/4K child should go (Name & Phone) <b>every day after school.</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

### Parental Custody Issues

Generally, the custodial and non-custodial parents both continue to have certain parental rights (to discuss student’s copies of progress reports). Occasionally the court issues restraining orders against one of the parents in the custody agreements. The school does not know what parental rights the custodial and non-custodial parents possess. **Unless we have a copy of a court order that specifies restraints against the parental rights of the non-custodial parent**, the school will assume that both parents may continue to exercise parental rights.

Student(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Student(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Student(s): \_\_\_\_\_ Grade: \_\_\_\_\_

**Custodial Parent:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Non- Custodial Parent:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Has the court issued orders that restrict the non-custodial parent from receiving grade reports, visiting the child or the child’s teachers, or picking up the child at school?**    Yes: \_\_\_    No: \_\_\_

**If yes, please provide the Principal with a copy of the court order. The document will be maintained as a confidential record.**

### Guardian Household Information

*This household information will be considered as the “PRIMARY” household.*

Fire or House #	Street Address	Apt.	Mailing Address and Post Office Box (if applicable)	City	Zip
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

County	Tax Municipality	District Boundary Schools, if known	Household Phone	Household Email Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

I am interested in receiving correspondence electronically, through the above household email address.    Yes     No

*Guardian Last Name	*Guardian First Name	Middle Name	Suffix	Relationship
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Work Phone	Cell Phone	Email Address		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		

Last Name	First Name	Middle Name	Suffix	Relationship
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Work Phone	Cell Phone	Email Address		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		

**Student Enrollment Info. Only include siblings currently living in the household who are Grade 12 and under**

**Child # 2**

\*Last Name (Legal)  \*First Name (Legal)  Middle Name  Suffix  Nickname  \* Gender  Age

\*Race/Ethnicity: Is this student Hispanic or Latino? *Choose only one.*  No, not Hispanic or Latino  Yes, Hispanic or Latino

Is this student: (*Select one or two. You must select at least one.*)  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  
 Black or African American  White

How many consecutive years has student attended US schools? \_\_\_\_\_ Is this student homeless? Yes  No

Birth Verification Required for PK, K & New Students only: Copy of Birth Certificate or Passport \*Birth Date  Birth City  Birth County  Birth State  Birth Country, if outside US

Start Date  Grade  Transfer District, if applies  Transfer School, if applies  My EC/4K child should go (Name & Phone) **every day after school.**

**Child # 3**

\*Last Name (Legal)  \*First Name (Legal)  Middle Name  Suffix  Nickname  \* Gender  Age

\*Race/Ethnicity: Is this student Hispanic or Latino? *Choose only one.*  No, not Hispanic or Latino  Yes, Hispanic or Latino

Is this student: (*Select one or two. You must select at least one.*)  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  
 Black or African American  White

How many consecutive years has student attended US schools? \_\_\_\_\_ Is this student homeless? Yes  No

Birth Verification Required for PK, K & New Students only: Copy of Birth Certificate or Passport \*Birth Date  Birth City  Birth County  Birth State  Birth Country, if outside US

Start Date  Grade  Transfer District, if applies  Transfer School, if applies  My EC/4K child should go (Name & Phone) **every day after school.**

**Child # 4**

\*Last Name (Legal)  \*First Name (Legal)  Middle Name  Suffix  Nickname  \* Gender  Age

\*Race/Ethnicity: Is this student Hispanic or Latino? *Choose only one.*  No, not Hispanic or Latino  Yes, Hispanic or Latino

Is this student: (*Select one or two. You must select at least one.*)  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  
 Black or African American  White

How many consecutive years has student attended US schools? \_\_\_\_\_ Is this student homeless? Yes  No

Birth Verification Required for PK, K & New Students only: Copy of Birth Certificate or Passport \*Birth Date  Birth City  Birth County  Birth State  Birth Country, if outside US

Start Date  Grade  Transfer District, if applies  Transfer School, if applies  My EC/4K child should go (Name & Phone) **every day after school.**

**Emergency Closings - (*For Grades PK, K, 1 & 2 only*)** - When it becomes necessary to close school early, the procedure is to send your child home. To prevent your child going home to an empty house without your knowledge, please provide the following information and discuss it with your child. **\*\* If school closes early, please send my child** \_\_\_\_\_

**Secondary Guardian Household Information (if applicable)**

Fire or House #	Street Address	Apt.	Mailing Address and Post Office Box (if applicable)	City	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
County	Household Phone	Household Email Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

I am interested in receiving correspondence electronically, through the above household email address. Yes  No

*Guardian Last Name	*Guardian First Name	Middle Name	Suffix	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Phone	Cell Phone	Email Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last Name	First Name	Middle Name	Suffix	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Phone	Cell Phone	Email Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

**Additional/Emergency Contacts (Other than Parents/Guardians)**

Local Contact Last Name	Local Contact First Name	Home Phone	Work Phone	Cell Phone	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local Contact Last Name	Local Contact First Name	Home Phone	Work Phone	Cell Phone	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctor's Name / Clinic	Clinic Phone	Hospital	Dentist's Name	Office Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Special Needs - Please check (X) one of the boxes below	Yes	No	Comments
1. Does the student currently receive "special education services"?			
2. Has the student been evaluated for "special education services"?			
3. Does the student currently receive "504 accommodations"?			
4. Does the student currently receive any other special services?			

Health Concerns – Please check one.	Yes	No	Comments
1. Has the student experienced hearing difficulty?			
2. Has the student experienced vision difficulty?			
3. Does the student have asthma?			
4. Does the student have allergies?			
5. Does the student have diabetes?			
6. Has the student ever experienced seizures?			
7. Any other health concerns we should be aware of?			
8. Do you have health insurance? Name of Company _____			

Permissions – Please check one.	Yes	No	Comments
1. I have reviewed a copy of the Student/Parent Handbook and Extra Curricular Code of Conduct Handbook on-line and have an understanding of its contents.			
2. My student's photo/name may be published on the District's website, and may be given to the media (newspaper, radio/TV, & newsletter).			
3. My student's information may be shared with the military (high school students only)			
4. My student(s) have permission to use the internet?			
5. My student's information may be shared with colleges/other higher education			
6. My student has permission to go on "day" field trips, walking or transportation. (reminder notes will be sent to parents before field trip.) <b>Complete Field Trip form</b>			

Military information required by State of Wisconsin – Please check one.	List Branch of the Military
Is one of the parents currently in the military?	<input type="text"/>

**\*\*Language Survey – Please complete the Wisconsin Home Language Survey if another language is used in your home or spoken by your student or family.**

**Disclosure - In accordance w/ WI Stats. 118.125(1)(b), 118.125(2)(j)1 and 118.125(2)(j)3 and NCLB Act of 2001**

- **Directory Data:** “Directory data” means those student records which include the student’s name, address, telephone listing, photograph, date/ place of birth, major field of study, dates of attendance, grade level, enrollment status, participation in officially recognized activities/sports, weight/height of members of athletic teams, degrees, honors/awards received and the most recent education agency/ institution attended, parent names and homeroom teacher. Publishable unless noted in writing by Parent/Legal Guardian within fourteen (14) days of registration
- **Student Information:** Names, addresses and grade levels may be published and distributed to families to facilitate communication between students, parents, and staff. Any other use is prohibited. Publishable unless noted in writing by Parent/Legal Guardian within fourteen (14) days of registration.
- **Military Recruiters (High School students only):** The Family Education Rights and Privacy Act (FERPA), a Federal Law, requires school districts to comply with requests of military recruiters or institutions of higher education for secondary students’ names, addresses and telephone numbers. Publishable unless noted in writing by Parent/Legal Guardian within fourteen (14) days of registration.
- **Technology Acceptable Use Agreement:** The use of computer technology in the schools must be consistent with the education objective of the school district. Deliberate transmission of any material in violation of any U.S. or state regulation is prohibited. The District retains the right to monitor all data stored on hard drives and servers for compliance.
- \*\***Complete Acceptable Use Form.**
- **Health Information:** Your signature grants permission for the health information to be shared and the contents listed to remove your child from school if needed for illness or injury. You may also give permission on day of incident for others to remove the child.
- **Nondiscrimination:** This institution is an equal opportunity provider.

**I agree that the information provided herein is complete and accurate. I understand that this information is being used by the district for the purposes of enrolling my child. I understand that incomplete or inaccurate information may delay, prevent or invalidate my child’s enrollment in school. I agree to promptly inform the school district of any changes in this information, including any changes in the residency of my child.**

**Signature Required**

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE SIGNED

Yes, I recognize that this digital signature takes place of a handwritten signature, pursuant to Wis Stats 137.15, 137.16, & 137.7. 7/10/2020