

Stockbridge School District
Student Enrollment Form

(Please Complete One, Two Sided Form for Each Student Being Enrolled)
Please Print Using Black or Blue Pen Only

Today's Date: _____

Student Name: _____ Sex: Male or Female
Legal Last Name Legal First Name Legal Middle Name Circle One

Age: _____ Grade: _____ during the 20__ - 20__ school year.

Student Birth Date: _____ Social Security Number: _____

Student Birth City: _____ Student Birth County: _____ Student Birth State: _____

Race/Ethnicity: **Part 1-** Is this person Hispanic or Latino: Hispanic or Latino ___ Not Hispanic or Latino ___

Part 2- Select one or more of the following categories that apply to this person: American Indian or Alaskan Native ___
Asian ___ Black or African American ___ Native Hawaiian or Pacific Islander ___ White ___

What language does the student speak at home most of the time? _____

Father's Name: (*Legal First, Middle Initial, Last*) _____

Mother's Name: (*Legal First, Middle Initial, Last*) _____

•Primary Residence/Adult(s) with whom the student lives:

Address: _____ Home Phone#: _____
Street Address & PO Box (if applicable) City Zip Code

Family Email Address: _____

Male's Name: _____ Relationship to Student: _____

Male's Employer: _____ Work Phone #: _____

Cell Phone #: _____

Female's Name: _____ Relationship to Student: _____

Female's Employer: _____ Work Phone #: _____

Cell Phone #: _____

•Secondary Residence/If student lives with a second family, complete this section for the second family:

Address: _____ Home Phone#: _____
Street Address & PO Box (if applicable) City Zip Code

Family Email Address: _____

Male's Name: _____ Relationship to Student: _____

Male's Employer: _____ Work Phone #: _____

Cell Phone #: _____

Female's Name: _____ Relationship to Student: _____

Female's Employer: _____ Work Phone #: _____

Cell Phone #: _____

•Please list all children under 21 years of age living in the same household with this student:

Name	M/F	Age	Birth Date	School Attending	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

•Please list the name and grade of the last school attended and all schools prior to that:

School Name	Years Attended	Grades	City & State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

•Emergency Contacts

Person other than yourself or spouse who will come to get or care for your child if illness or emergency occurs and you or your spouse cannot be reached:

Name: _____ Relationship to Child: _____ Phone #: _____
 Name: _____ Relationship to Child: _____ Phone #: _____

•Medical information

Family Physician/Clinic: _____ Phone #: _____

Family Dentist/Clinic: _____ Phone #: _____

If emergency treatment is required and parents cannot be reached immediately, may school authorities treat and/or call the doctor/clinic indicated or, if not available, an alternative doctor/clinic? *Circle One* Yes No

If immediate medical care is necessary, may school authorities or an emergency vehicle transport your child to a doctor or medical facility? *Circle One* Yes No

Hospital Preference: _____ City: _____

•Is this student currently under an expulsion order from another school? *Circle One* Yes No

• Is your child in any special programs? Yes _____ No _____ *Please Circle all that Apply*

Exceptional Education (IEP) 504 Accommodation Plan Title I Gifted/Talented At Risk Title VII 506 ELL

•Is your child taking daily medication? Yes _____ No _____ If Yes, Which medication: _____

•Is your child receiving medical/psychological help that the school should know? *Circle One* Yes No
(If yes, the school counselor will contact you in confidence for further information)

•Pursuant to Wisconsin Statute 118.15 (d), which allows any child’s parent or guardian to request the child be provided with program or curriculum modifications, I hereby request homebound study, including nonsectarian correspondence courses or other courses of study approved by the school board. *Circle One* Yes No

 Parent/Guardian Signature Date

<i>Office Use Only</i>					
Start Date _____	Regular Enrollment _____	Open Enrollment: In _____	Out _____	Full Time _____	Part Time _____
<i>If Exceptional Education with IEP Circle Disability:</i>					
Specific Disability	Significant Developmental Delay	Visual Impairment	Health Impaired		
Cognitive Disability	Speech & Language	Hearing Impairment	Traumatic Brain Injury		
Emotional Behavioral Disability	Autism	Orthopedic Impairment	Other		