

LAKE MILLS AREA SCHOOL DISTRICT STUDENT ENROLLMENT FORM

Para obtener una versión en español de este documento, por favor llame al 920-648-2338 x347

The Lake Mills School District does not discriminate against pupils on the basis of sex, race, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability or handicap in its educational programs or activities.

STUDENT INFORMATION

Office Use- Student # _____

School Year: _____

Legal Last Name	Legal First Name	Legal Middle Name	Suffix	Name used if different from legal name	Gender M F
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***Prior to your son/daughter's start date, a legal birth certificate will need to be provided for school personnel to verify the following information.**

*Date of Birth	*Birth City	* Birth County	*Birth State	*Birth Country, if outside USA	*Birth Mother's Name:	*Birth Father's Name:
Grade Entering	Open Enrolled? Yes No If yes, Resident District _____			Student's Cell Phone (if available)	*Date birth certificate was verified: *Verified by (School Official):	

Race/Ethnicity: Is the individual Hispanic/Latino? (Choose one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

Is the individual from one or more of these races? (Choose one or more. You must select at least one)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Entering From: First Year of School WI Public WI Private Out of State Home-based Out of Country

Previous School Attended _____ Phone Number () _____

Address of Previous School _____ City _____ State _____ Zip _____

HOUSEHOLD INFORMATION

Student lives with (Circle one) Both Parents Both Parents Alternately Parent/Step-Parent Mother Only Father Only Legal Guardian Foster Home Other _____

Court Ordered Custodial Agreement? Yes No **If yes, it is a parent's responsibility to provide a copy of the order to the school office as soon as possible.**

	First Household Legal Parent/Guardian	First Household Legal Parent/Guardian	Second Household Legal Parent/Guardian	Second Household Legal Parent/Guardian
Full Legal Name, Relationship				
Address				
City, State, Zip				
Employer				
Email Address				
Telephone Home/Cell/Work	Home Cell Work	Home Cell Work	Home Cell Work	Home Cell Work
Parent/School Communication	___Electronic ___Paper Copy		___Electronic ___Paper Copy	

OTHER CHILDREN IN THE HOUSEHOLD INFORMATION

Last Name	First Name	Date of Birth	Gender	School Currently Attending
Last Name	First Name	Date of Birth	Gender	School Currently Attending
Last Name	First Name	Date of Birth	Gender	School Currently Attending

(OVER)

EMERGENCY/HEALTH INFORMATION (annual review/update during fall registration)

Parents are always the Primary Contact, However, if a parent cannot be reached, please list additional contacts:

1 st Contact Name – Local Preferred	Home Phone	Work Phone	Cell Phone	Relationship
2 nd Contact Name – Local Preferred	Home Phone	Work Phone	Cell Phone	Relationship
Physician Name & Phone	Dentist Name & Phone		Hospital Name	

In the event of a minor injury, I give my consent for general first aid treatment to be given to my child (i.e. Band-Aid, hydrogen peroxide, anti-itch cream, antibiotic ointment.)? * Yes No

If emergency treatment is required, and the parent(s) cannot be reach immediately, school personal will call the local EMS for emergency treatment and transportation to a hospital.

* Yes, acceptable. No, (please list what you'd like done) _____

* *The above consent will remain in effect for the duration of this student's enrollment in the LMASD. Consent may be withdrawn through a written notice from a parent/guardian.*

LANGUAGE SURVEY

Which language did your child first learn to speak? _____ If other than English, complete the **Home Language Survey** included in enrollment packet.
Language most often spoken at home? _____

SUPPLEMENTAL INFORMATION

Has your child ever received Special Education services?	Yes	No	Bus transportation is only available if your home address entitles your child to transportation services.
Does your child currently have an IEP?	Yes	No	
Does your child currently have a 504 Plan?	Yes	No	I request bus transportation to and from school? Yes No N/A

FIELD TRIP (annual consent during fall registration)

I hereby grant permission for my child to go on walking or bus field trips during this school year. Information regarding trips will be sent home prior to the trip with a request to cover bus/admission cost where necessary. Field trips are considered to be part of the curriculum and instruction program. Yes No

EXPULSION- Has student been expelled or in the process of being expelled from another district? Yes No If yes, District _____ Reason _____

DISCLOSURE

- **Directory Data:** "Directory Data" means those student records which include the student's name, photograph, dates of attendance, participation in officially-recognized activities and sports, weight and height, if a member of an athletic team, degrees and awards received and date of graduation. Publishable unless notified in writing by Legal Parent/Guardian within fourteen (14) days of registration. (annual consent)
- **Health Information:** Your signature grants permission for the health information to be shared with the contacts listed. Contacts may remove your child from school, if needed, for illness or injury. You may also give permission on the day of incident for others to remove child.
- **Military Recruiters:** 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 student's names, addresses and telephone numbers. Publishable unless notified in writing by Legal Parent/Guardian within fourteen (14) days of registration. (annual consent)
- **Expulsions:** I hereby certify that the child listed above has not been expelled from and is not the subject of any pending expulsion proceedings in another school district unless disclosed above.

I have read and understand the DISCLOSURE area. Initials

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 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.

Parent/Guardian Signature Required _____ Date Signed _____

FOR OFFICE USE ONLY:

Enrollment form accepted by: _____