

GRAFTON SCHOOL DISTRICT NEW STUDENT ENROLLMENT FORM (2019-20)

OFFICE USE ONLY

Entrance Date _____ Grade _____ Homeroom _____
 KENNEDY WOODVIEW JLMS GHS
 4K session preference AM PM

Please use full legal student name

STUDENT INFORMATION

Last Name:		First Name:		Middle Initial:
Age:	Date of Birth: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Place of Birth: _____ <small>City State or Country</small>		Date entered US schools: / / in Grade Level: _____		
Preferred name/nickname:				
REQUIRED ETHNICITY - Check one or more of the boxes below.				
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White Is this student Hispanic/Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Please use full names

PARENT / GUARDIAN INFORMATION

Primary Student Residence/ Family 1									
Address:									
City/State/Zip:					Primary Phone:				
<i>Please note: The name listed first below will be considered the primary guardian.</i>									
Last Name:		First Name:			<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other				
Phone:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>	Phone:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>	E-mail:	
Last Name:		First Name:			<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other				
Phone:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>	Phone:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>	E-mail:	
Parent in Military information required by Wisconsin DPI: Is either parent or guardian on active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Is either parent or guardian a traditional member of the Guard or Reserve? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> No									
Student resides at: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Joint Placement <input type="checkbox"/> Other (Explain)									

Secondary Student Residence/ Family 2

Address:									
City/State/Zip:					Primary Phone:				
Last Name:		First Name:			<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other				
Phone:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>	Phone:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>	E-mail:	
Last Name:		First Name:			<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other				
Phone:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>	Phone:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>	E-mail:	
Parent in Military information required by Wisconsin DPI: Is either parent or guardian on active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Is either parent or guardian a traditional member of the Guard or Reserve? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> No									

STUDENT LUNCH ACCOUNT

The first name listed under Family 1 will automatically be the responsible party for lunch account payment unless a different name is specified below. Unless separate lunch accounts are needed, please name the same individual as the responsible party for all children within the same family.

Name of person responsible for payment of student lunch:	
(If not listed previously) Address:	City/State/Zip:
Phone:	Families allowed to view lunch account information: <input type="checkbox"/> Family 1 <input type="checkbox"/> Family 2

PREVIOUS SCHOOL INFORMATION

Last School or Preschool Attended:	Last grade completed:	Phone:
Address:	City:	State: Zip:

Is the student currently under an expulsion order from another school district or has the student been expelled from another school district? Yes No If YES, then registration will be held in abeyance pending review.

EMERGENCY INFORMATION

Name(s) of persons to be called when parent(s)/guardian(s) cannot be reached

Name	Relationship to Student	Primary Phone	Phone 2	Phone 3		
				H	W	C
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY MEDICAL INFORMATION

Doctor Name:	Doctor Phone:
Dentist Name:	Dentist Phone:
*Preferred hospital: <input type="checkbox"/> Aurora Medical Center Grafton <input type="checkbox"/> Ascension (Columbia St. Mary's) Mequon <input type="checkbox"/> Other:	
Medical Alert Conditions: <input type="checkbox"/> Allergy <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart <input type="checkbox"/> Seizures <input type="checkbox"/> Other:	
Explain any medical alert conditions:	
List all medications and dosages taken at home or school:	
For prescription medications taken at school, it is <u>mandatory</u> that the Medical Authorization Parent/Guardian Consent Form be signed by your physician and submitted each school year. Forms are available in any school office.	
*If, in the judgment of school authorities, emergency treatment is required, I authorize my child to be transported by ambulance to a hospital for treatment. I understand that the contacted ambulance provider does reserve the right to convey the patient to the nearest definitive care hospital or the hospital of their choice, should they deem it necessary. I hereby authorize the physician(s) at the hospital to give emergency treatment to my child. To the best of my knowledge, the above information is current and correct.	
_____ <i>Parent/Guardian Signature</i>	_____ <i>Date</i>
The school nurse has permission to contact my child's physician regarding medical concerns. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIBLING INFORMATION

First Name	Last Name	School	Grade

HOME LANGUAGE AND U.S. RESIDENCY INFORMATION

Is a language other than English spoken in the home on a regular basis? YES NO
If YES, what language(s)?

Does the student use a language other than English on a regular basis? YES NO
If YES, what language(s)?

Is the student currently receiving "English Language Learner" services? YES NO

If any question is marked "YES," the District has a legal obligation to evaluate for limited English proficiency following the Wisconsin identification process.

ADDITIONAL STUDENT INFORMATION

Check any of the following that apply to your child and would help the teacher/school better understand your child and provide appropriate learning experiences:

- | | | |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Gifted and Talented | <input type="checkbox"/> Remedial Reading/Title I |
| <input type="checkbox"/> Limited English Speaking | <input type="checkbox"/> 504 Accommodation Plan | |
| <input type="checkbox"/> Special Education/Active IEP
<input type="checkbox"/> Behavioral Intervention Plan | <input type="checkbox"/> Life-threatening allergies/chronic illness/medical condition
Describe: | |

Is there any other information that would be helpful for the school district?

- I have read this document and to the best of my knowledge, all information is correct.
- I give my consent to the Grafton School District to request records from a previous school.

Parent or Guardian Signature or Signature of Eligible Student

Print Name

Date _____

REQUIRED VERIFICATIONS – FOR STAFF USE ONLY

BIRTH CERTIFICATE (Required for all new enrollments – do NOT copy)

- Full name verified
- DOB verified
- Alternate form used for above information: _____

RESIDENCY

- Non-Resident:**
 - Open Enrollment
 - Other _____

OR

- Resident:** Prior to enrolling a student, residency must be proven. Residency is the address at which the family physically resides, keeps their personal affects, receives mail, and maintains voter registration. This residency must be a street address. Post office boxes are not accepted. The following home ownership or lease agreement documents must be provided. Falsification of any information or documents relative to this verification procedure may result in the withdrawal of the student.

- Closing Statement **OR** Mortgage Statement **OR** Tax Bill **AND** Recent utility bill

OR

- Current Rental/Lease Agreement (does NOT include rented portion of a house or apartment or agreements formulated by relatives or friends) **AND** all of the following:
 - Parent/Guardian names on the agreement
 - Manager or owner name and telephone number _____
 - Lease start date ____/____/____
 - Lease termination date ____/____/____
 - Canceled check showing payment of rent for a current period

If the above items have been provided, then residency verification is complete. If not, notify principal of insufficient residency requirements.

OR

- Foreign Exchange Student**

Verified by: _____ Date: ____/____/____
Signature of District Employee