

Student's Full Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name(including any former last names used) First Name MI

Mailing Address: \_\_\_\_\_

Street City State Zip

Home Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Native Language: \_\_\_\_\_ Grade: \_\_\_\_\_

**PLEASE NOTE: YOU MUST SELECT BOTH AN ETHNIC CATEGORY AND A FEDERAL RACE**

 Ethnic Category:  Hispanic/Latino  Not Hispanic/Latino Student's Birth City: \_\_\_\_\_

 Federal Race:  American Indian/Alaskan Native Birth State: \_\_\_\_\_

 Asian  Black/African American  White Birth County: \_\_\_\_\_

 Native Hawaiian/Other Pacific Islander Birth Country: \_\_\_\_\_

 Is the student open enrolled to West Salem from another district?  Yes  No

 Will the student be riding the bus?  Yes  No

Student resides with (please specify): mother, father, step-mother, step-father, grandparent, other: \_\_\_\_\_

 Do you .....  Rent  Own  Live with family or friend/doubled up

 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

**\*\*Please note any restrictions on visits, contact, etc. in the Additional Information space provided on the REVERSE side of this form\*\***

Mother:	Father:
Address:	Address:
Primary Phone:	Primary Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Employer:	Employer:
Email:	Email:
Has Custody: Yes No Both	Has Custody: Yes No Both

Step-Parent:	Step-Parent:
Address:	Address:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
Employer:	Employer:

List school aged siblings and grades: \_\_\_\_\_

 List name, relationship and phone number of person(s) **other than those listed above** who will assume temporary care of your son/daughter in an emergency if you cannot be reached.

#1: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

#2: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of early dismissal, my child should: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Has the student attended a Wisconsin Public School prior to enrolling in the School District of West Salem?  Yes  No

If yes, name of district: \_\_\_\_\_

\*\*\*\*\*

School last attended: \_\_\_\_\_ If your child has been **EXPELLED** or referred for

Address: \_\_\_\_\_ **EXPULSION** in a previous district, it is your obligation to

City, State, Zip: \_\_\_\_\_ inform our district office of this upon registration.

Phone/Fax No: \_\_\_\_\_ **THANK YOU!**

**PLEASE LIST ANY HEALTH CONDITIONS INCLUDING PRESCRIBED MEDICATIONS AND AMOUNTS TAKEN:** (e.g. diabetes/heart/asthma/ADHD/seizures/etc.)

\_\_\_\_\_

My child carries an inhaler to use as needed for asthma  Yes  No

Family Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALL INFORMATION MAY BE RELEASED TO SCHOOL PERSONNEL ON A NEED-TO-KNOW BASIS**

\*\*\*\*Our child has special needs (check all that apply)

Speech  Emotional Behavioral Disability

Autism  Behavior Plan

Occupational Therapy  Intellectual Disability

Physical Therapy  Learning Disability

Title-Math  Title-Reading

Nursing/Health Needs (describe): \_\_\_\_\_

Other: \_\_\_\_\_

Additional Information regarding your child: \_\_\_\_\_

\_\_\_\_\_

**In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make emergency care decisions for my child in his/her best interest.**

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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