



Student's Full Name : _____ Gender: _____ DOB: _____
Last (Include any former last names used) First MI

Mailing Address: _____ Grade: _____
Street City State Zip

Birth City: _____ Birth State: _____ Birth Country: _____ Birth County: _____

Native Language: _____

LOCAL RACE Select ONE

o American Indian or Alaskan Native *Tribal Affiliation _____ o Asian o Black o Hispanic o Multi Race o White

ETHNICITY Hispanic/Latino o Yes o No

FEDERAL RACE Select ALL that apply

o American Indian or Alaskan Native *Tribal Affiliation _____ o Asian o Black or African American
o Native Hawaiian or other Pacific Islander o White

Is either parent or guardian on active duty in the military? o Yes o No

Is either parent or guardian a traditional member of the Guard or Reserve? o Yes o 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? o Yes o No

Will the student be riding the bus? o Yes o No

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

Student resides with: o mother o father o step-mother o step-father o grandparent, other: _____

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

PRIMARY HOUSEHOLD

Primary Legal Guardian(s)

Address: _____

Parent 1: _____ Relationship: _____ Custody: o Yes o No

Email: _____ Cell Phone: _____ Home Phone: _____

Employer: _____ Employer Phone: _____

Parent 2: _____ Relationship: _____ Custody: o Yes o No

Email: _____ Cell Phone: _____ Home Phone: _____

Employer: _____ Employer Phone: _____

SECONDARY HOUSEHOLD

Secondary Legal Guardian(s)

Address: _____

Parent 1: _____ Relationship: _____ Custody: o Yes o No

Email: _____ Cell Phone: _____ Home Phone: _____

Employer: _____ Employer Phone: _____

Parent 2: _____ Relationship: _____ Custody: o Yes o No

Email: _____ Cell Phone: _____ Home Phone: _____

Employer: _____ Employer Phone: _____

Please list all family members-NAME, GRADE, DOB- in the home 18 years and younger:

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

If yes, what is the name of the school district? _____

School last attended: _____

If your child has been EXPELLED or referred for EXPULSION in a

Address: _____

previous district, it is your obligation to inform our district office of this

City State Zip: _____

upon registration. Thank you.

EMERGENCY CONTACTS

List name, relationship and phone number of person(s) other than the primary guardians, who will assume temporary care of your child in an emergency if you cannot be reached.

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

LIST ANY HEALTH CONDITIONS INCLUDING PRESCRIBED MEDICATIONS AND AMOUNTS TAKEN

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

Family Physician/Clinic: _____ Phone: _____

Family Dentist/Clinic: _____ Phone: _____

Family Hospital: _____ Phone: _____

SPECIALIZED PROGRAMS Check any that apply

- Special Education/Individualized Education Program (IEP) English Language Learner 504 Plan Other

In the event of an early dismissal, my child should: _____

In case of an accident or serious injury, 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 OF PARENT OR GUARDIAN: _____ **DATE:** _____

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