

STANLEY-BOYD AREA SCHOOLS

STUDENT ENROLLMENT FORM

TO BE COMPLETED BY PARENT OR GUARDIAN

Today's date _____

Student Information	Student's Legal Name _____		
	Last (full)	First (Full)	Middle (Full)
	Gender ___ Male ___ Female		Date of Birth _____ <i>Month/Day/Year</i>
	Home Address: _____		City: _____ State: _____ Zip: _____
	Mailing Address: _____ <i>(if different)</i>		City: _____ State: _____ Zip: _____
___ Resident District ___ Non-Resident District *Non-Resident District Name _____			
Student lives with: ___ Father ___ Step-Mother ___ Mother ___ Step-Father ___ Guardian ___ Other			

ORDER OF PROTECTION/CUSTODY DOCUMENTS:

Do you have a current Court Order restricting Parental Rights ___ Yes ___ No	Date of expiration _____
Is there an order of Protection ___ Yes ___ No	
Has the Order been provided to the school? ___ Yes ___ No	

OTHER STUDENT INFORMATION

Student birthplace _____
City
County
State
Country

When did the student first attend a public school in the United States? _____
 Where? _____ Date _____ Grade/s _____
Name of school, City, and State

Has your child ever attended a Wisconsin School before? Yes ___ No ___
 Where? _____
Name of school, City

Has the student attended any school in the Stanley-Boyd Area School District? ___ Yes ___ No

At what grade level? Check all that apply

EC	4K	KG	1	2	3	4	5	6	7	8	9	10	11	12

PREVIOUS SCHOOL ATTENDED (PLEASE LIST MOST RECENT SCHOOL FIRST)

Name of Previous School _____ Public ___ Private ___ Home School ___ None ___ Other ___

City _____ State _____ Phone _____

Dates of Attendance at Previous school From _____ to _____ Grade _____

Name of Previous School _____ Public ___ Private ___ Home School ___ None ___ Other ___

City _____ State _____ Phone _____

Dates of Attendance at Previous school From _____ to _____ Grade _____

Name of Previous School _____ Public ___ Private ___ Home School ___ None ___ Other ___

City _____ State _____ Phone _____

Dates of Attendance at Previous school From _____ to _____ Grade _____

RACIAL/ETHNIC INFORMATION

Local Race *Check ONE Response*

- American Indian or Alaska Native
 Asian
 Black or African American not of Hispanic Origin
 Native Hawaiian or Pacific Islander
 White
 Hispanic

Federal Race *Check ALL Responses that apply*

- American Indian or Alaska Native
 Asian
 Black or African American not of Hispanic Origin
 Native Hawaiian or Pacific Islander
 White
 Hispanic

Hispanic Origin *Check ONE Response*

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

HOME LANGUAGE SURVEY

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 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 Yes to any of these questions, please fill out the "Home Language Survey" with the office****

ADDITIONAL ENROLLMENT/PLACEMENT INFORMATION *PLEASE ANSWER ALL QUESTIONS*

I certify that the student:

- Has **never been** enrolled in a Special Educational Program (*has never been on an IEP*)
 Was **previously** enrolled in a Special Program and is no longer enrolled
 Is **currently** enrolled in a Special Educational Program determined by an IEP team to have a disability
Primary Disability _____
 Has **been referred** for a Special Education Evaluation that has not been completed

The student has participated in the following special programs:

- summer school within the past year
 gifted and talented (GT)
 English Language Learner (EL)
 504 plan
 Title I
 Other Please specify _____

BUS TRANSPORTATION

Will the student need Bus Transportation to and from school yes no

**** 24 hour notice must be given to school offices for all bus changes**

FAMILY #1 PRIMARY PARENT (IF SPLIT FAMILY, FILL OUT FAMILY #2)

Parent/Guardian #1 Legal Name _____ Last (full) _____ First (Full) _____	Legal Custody Yes ___ No ___
Relationship _____	
Primary Phone ___ - _____ Secondary Phone ___ - _____	Allow Pick Up Yes ___ No ___
Work Phone ___ - _____ Email _____	Employer _____
Parent/Guardian #2 Legal Name _____ Last (full) _____ First (Full) _____	Legal Custody Yes ___ No ___
Relationship _____	
Primary Phone ___ - _____ Secondary Phone ___ - _____	Allow Pick Up Yes ___ No ___
Work phone ___ - _____ Email _____	Employer _____
Family #1	
Home Address: _____ P.O. Box _____	
City: _____ State: _____ Zip: _____ County _____ Township _____	

FAMILY #2

Parent/Guardian #1 Legal Name _____ Last (full) _____ First (Full) _____	Legal Custody Yes ___ No ___
Relationship _____	
Primary Phone ___ - _____ Secondary Phone ___ - _____	Allow Pick Up Yes ___ No ___
Work Phone ___ - _____ Email _____	Employer _____
Parent/Guardian #2 Legal Name _____ Last (full) _____ First (Full) _____	Legal Custody Yes ___ No ___
Relationship _____	
Primary Phone ___ - _____ Secondary Phone ___ - _____	Allow Pick Up Yes ___ No ___
Work phone ___ - _____ Email _____	Employer _____
Family #2	
Home Address: _____ P.O. Box _____	
City: _____ State: _____ Zip: _____ County _____ Township _____	
Are extra mailings requested by the non-custodial parent? ___yes ___no	

LEGAL GUARDIAN (COURT APPOINTED)

Legal Guardian Name _____ Last (full) _____ First (Full) _____	Legal Custody Yes ___ No ___
Relationship _____	
Primary Phone ___ - _____ Secondary Phone ___ - _____	Allow Pick Up Yes ___ No ___
Work Phone ___ - _____ Email _____	Employer _____
Home Address: _____ P.O. Box _____	
City: _____ State: _____ Zip: _____ County _____ Township _____	
Social Worker Name _____ Last (full) _____ First (Full) _____	
Primary Phone ___ - _____ Secondary Phone ___ - _____ County _____	

EMERGENCY CONTACTS (OTHER THAN PARENT) _____ COPY CONTACTS OF SIBLING _____

1st Contact _____ **Allow Pick Up** Yes ___ No ___
 Last (full) First (Full)
Relationship _____
 Primary Phone ___ - _____ Secondary Phone ___ - _____
 Work Phone ___ - _____ Employer _____

2nd Contact _____ **Allow Pick Up** Yes ___ No ___
 Last (full) First (Full)
Relationship _____
 Primary Phone ___ - _____ Secondary Phone ___ - _____
 Work Phone ___ - _____ Employer _____

3rd Contact _____ **Allow Pick Up** Yes ___ No ___
 Last (full) First (Full)
Relationship _____
 Primary Phone ___ - _____ Secondary Phone ___ - _____
 Work Phone ___ - _____ Employer _____

CENSUS INFORMATION (LIST ALL CHILDREN IN THE HOUSEHOLD FROM NEWBORN TO 19 YEARS OF AGE)

Full Name	DOB	Grade	Age	Gender	Current School (if attending)

PHYSICAL HEALTH (LIST ANY PHYSICAL HEALTH AND SERIOUS ILLNESSES) Is a health plan on file? ___Yes ___No

LIFE THREATENING ALLERGIES FOOD AND NON-FOOD **A doctor's care plan and an Eating and Feeding evaluation form (yellow form) must be completed and on file with the school.

EMERGENCY MEDICAL AUTHORIZATION

If emergency treatment is required, and the parents cannot be reached immediately, may the school authorities use their own judgment in calling a physician or dentist?
 Yes ___ No ___ If "No" indicate the plan to follow

_____ Date _____ Signature of Parent or Legal Guardian