

2017-18 SCHOOL DISTRICT OF POYNETTE STUDENT REGISTRATION INFORMATION

RETURNING STUDENTS:

NEW STUDENTS*(please see page 3):

Check here if contact information has changed

First Day of Attendance: _____

Student's Legal Name: (last, first, middle)	Gender M F	Grade	(Office Use Only) Registration Fee
Birth Date	<input type="checkbox"/> (office use) Birth Certificate Verified	Student Cell	<input type="checkbox"/> (office use) Residency Verified
Bus transportation requested (must be eligible for busing) <input type="checkbox"/> Yes <input type="checkbox"/> No			

PARENT/GUARDIAN INFORMATION-PRIMARY RESIDENCE

Legal Parent/Guardian Name: (last, First, Middle)		Relationship to Student		
Street Address	P.O. Box	City / Township / Village	State	Zip
Home Phone	Cell Phone	E-mail Address:		
Work Phone	Work Hours	Work Place:		

Legal Parent/Guardian Name: (last, First, Middle)		Relationship to Student:		
Street Address:	P.O. Box:	City / Township / Village	State	Zip
Home Phone:	Cell Phone	E-mail Address:		
Work Phone	Work Hours	Work Place:		

If divorced or separated, please share information regarding legal guardianship for your child:
 Legal Custody Shared Custody Physical Custody

PARENT/GUARDIAN INFORMATION-SECONDARY RESIDENCE

Legal Parent/Guardian Name: (Last, First, Middle)		Relationship to Student		
Street Address	P.O. Box	City / Township / Village	State	Zip
Home Phone	Cell Phone	E-mail Address:		
Work Phone	Work Hours	Work Place:		

Legal Parent/Guardian Name: (last, First, Middle)		Relationship to Student:		
Street Address:	P.O. Box:	City / Township / Village	State	Zip
Home Phone:	Cell Phone	E-mail Address:		
Work Phone	Work Hours	Work Place:		

If divorced or separated, please share information regarding legal guardianship for your child:
 Legal Custody Shared Custody Physical Custody

Who should be contacted first in case of illness or injury? _____

EMERGENCY CONTACT WHEN PARENT/GUARDIAN CANNOT BE REACHED

	Name (Last, First, Middle)	Relationship	Home Phone	Workplace/ Phone	Cell Phone
1st Contact					
2nd Contact					
3rd Contact					

I authorize the emergency contacts listed above to act on my behalf if I cannot be reached in the event of an illness, emergency, or early school closing, and I authorize the District to release pertinent health information about the pupil as needed.

PLEASE ANSWER ALL QUESTIONS BELOW

Is the Individual Hispanic / Latino? Yes No	If the household's native language is not English , please specify what language is spoken in the home: _____
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Ethnicity (Please Choose Only) _____ American Indian or Alaskan _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White	Ethnicity Determination _____01: Parent Identified _____02: Student Identified _____03: Observer Identified _____04: Unknown
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Date First Enrolled in a US School _____
 Number of Years that that student has been in a bi-lingual or ESL program _____

Is your child open enrolled from another district? Yes No
 If yes, Indicate home district? _____

Is your child presently under an expulsion order from any other school district? Yes No
 Is your child presently under consideration for expulsion? Yes No

Does your child currently have an IEP (Special Education)? Yes No
 Is your child currently receiving other support (not special education) such as Title 1? Yes No

Name of Last School Attended	City, State, Zip	Phone Number

MEDICAL INFORMATION

Please describe any physical or emotional condition your child has that may require special attention while he/she is in school attendance. This information will be shared with school staff having a direct need to know, so they may modify the classroom to protect the health and safety of your child. Note: Include any food or other allergies.

Are there any legal restrictions concerning the non-custodial parent? Yes No

If yes, please provide legal documentation on any restrictions. **Without such documentation, the School District of Poynette cannot restrict parental visitations or access to student records.** All communications will be sent to the primary address of the student, unless otherwise noted by the parent/guardian. If any of the above information changes, please inform the district administration office as soon as possible. All information will be maintained according to policies of confidentiality.

OTHER CHILDREN IN THE FAMILY (include ALL children-even those not of school age)							
Last Name	First Name	MI	Gender	Age	Grade	Birth Date	Ethnicity

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.



Signature of Parent/Legal Guardian: _____ **Date:** _____

NEW STUDENTS* Parents/Guardians of all new students, please see below:

- 1) Students enrolling for the first time in the School District of Poynette must complete a Residency Verification Form *(available through school office)*
- 2) First time 4K or Kindergarten or students new to the district must provide a copy of student's Certified Birth Certificate or completion of an "Inability to Provide Certified Birth Certificate" form *(available through school office)*