



School District of Janesville
527 S. Franklin Street
Janesville, WI 53548

Phone: 608-743-5072
Fax: 608-743-5154

Student/Family Enrollment Information Form

Signature of Parent/Guardian _____

Date _____

Student Information: Listing all children in your household will give the School District of Janesville permission to contact you for school enrollment purposes.

Both of these areas must be completed for each student being enrolled.

Last Name (Legal)	First Name (Legal)	Middle Name	Birthdate	City and State of Birth	Grade	Gender	Hispanic/Latino	Race – check any that apply – must have at least one check!
A.			/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White
B.			/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White
C.			/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White

	Student A	Student B	Student C
Has the student(s) ever received special education services or had a 504 plan?	<input type="checkbox"/> Spec Ed <input type="checkbox"/> 504 <input type="checkbox"/> No	<input type="checkbox"/> Spec Ed <input type="checkbox"/> 504 <input type="checkbox"/> No	<input type="checkbox"/> Spec Ed <input type="checkbox"/> 504 <input type="checkbox"/> No
Has student(s) ever been expelled or is student(s) currently suspended or under pre-expulsion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Information:

Do you live in the Janesville School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have any of your children ever attended Janesville schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you notified the previous school(s) of your move? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Whom do all the students listed above live with?	<input type="checkbox"/> Both Parents-same home	<input type="checkbox"/> Both Parents-separate home	<input type="checkbox"/> Parent/Step Parent	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only	<input type="checkbox"/> Foster	<input type="checkbox"/> Other (specify)

Parent/Legal Guardian(s) & Address Information - Describe your living situation at your current address: Permanent Temporary Other (specify)

Last Name (Legal)	First Name (Legal)	MI	Gender	Birthdate	Relationship to Student	Email Address	Work Phone	Cell Phone
1.				/ /			()	()
2.				/ /			()	()
House Number	Direction	Street Name		Apt. #	City	State	Zip	Primary Phone
								()

Secondary Household Parent/Legal Guardian(s) & Address Information - Describe your living situation at your current address: Permanent Temporary Other (specify)

Last Name (Legal)	First Name (Legal)	MI	Gender	Birthdate	Relationship to Student	Email Address	Work Phone	Cell Phone
1.				/ /			()	()
2.				/ /			()	()
House Number	Direction	Street Name		Apt. #	City	State	Zip	Primary Phone
								()

For Office Use Only:	Interpreter for Registration <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Identification <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Residency <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Cert <input type="checkbox"/> Yes <input type="checkbox"/> No	Immun <input type="checkbox"/> Yes <input type="checkbox"/> No
School to Attend	Start Date:	Student Log In:	Parent Log In:	Parent Temp Pass Word	Address Path
A.					
B.					
C.					

Additional Family Information for Students

Information regarding the student will be provided to each parent at his/her request unless a certified copy of a court order is on file, which curtails or restricts the rights and privileges of either parent. List other parent/guardian to whom information may be released (if applicable):

Additional Information on second parent for Student A:

Last Name (legal)	First Name (legal)	Middle Initial	Gender	Birthdate	Relationship to Student	Language Used	Email Address	Work Phone	Cell Phone
1.				/ /				()	()
2.				/ /				()	()

House Number	Direction	Street Name	Apt. #	City	State	Zip	Home Phone
							()

Additional Information on second parent for Student B:

Last Name (legal)	First Name (legal)	Middle Initial	Gender	Birthdate	Relationship to Student	Language Used	Email Address	Work Phone	Cell Phone
1.				/ /				()	()
2.				/ /				()	()

House Number	Direction	Street Name	Apt. #	City	State	Zip	Home Phone
							()

Additional Information on second parent for Student C:

Last Name (legal)	First Name (legal)	Middle Initial	Gender	Birthdate	Relationship to Student	Language Used	Email Address	Work Phone	Cell Phone
1.				/ /				()	()
2.				/ /				()	()

House Number	Direction	Street Name	Apt. #	City	State	Zip	Home Phone
							()