

INDIVIDUAL STUDENT REGISTRATION DEMOGRAPHIC INFORMATION FOR ENROLLING STUDENT

STUDENT'S LEGAL NAME

Last Name: _____ First Name : _____ Middle Name: _____

Gender: Male Female Birth Date ____/____/____ Age: _____ Grade: _____

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

RACE/ETHNICITY *Please answer the questions on page 2.*

PREVIOUS EDUCATION EXPERIENCE

Name of last school attended: _____

Physical Address: _____

Phone Number: _____

Has the student ever attended a Glendale-River Hills School? Yes No When/Year _____

PARTICIPATION IN PROGRAMS

Please check any special programs in which the child has participated:

Special Education/IEP IAP/At Risk 504 ESL/ELL Gifted/Talented

PARENT/GUARDIAN MILITARY STATUS

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 (AGR) under Title 10 or full time National Guard Under Title 32?

Yes No

MEDICAL INFORMATION

Please indicate any of the following that may apply to your child. If checked, explain fully on line below. If you have any information of a highly confidential nature, please contact the school nurse at your child's school.

Severe reaction to insect bites

Scoliosis

Asthma

Severe reaction to food

Diabetes

Seizure disorder

Emotional problems

Skin rashes

Allergies

Vision loss

Heart condition

Hearing loss

Activity restriction

Lactose intolerant

Other (specify) _____

Please list medication child needs to take during school hours: (Contact your child's school health office for medication form.)

_____	_____
_____	_____
_____	_____

Please provide the name and telephone number of your child's doctor and dentist. Indicate your hospital of preference with the understanding that, in the event of an emergency, the EMS personnel will make the final decision. Your signature on this form gives school personnel permission to exercise their own judgment in calling a physician, dentist or 911.

Family Doctor: _____ Phone: (____) _____

Family Dentist: _____ Phone: (____) _____

Hospital Preference: _____

I verify the information above is correct and current. I will inform the school of any changes in this information.

Parent/Guardian Signature: _____ Date Signed: ____/____/____

INDIVIDUAL STUDENT REGISTRATION

Last Name: _____ First Name : _____ Middle Name: _____

PART I: ETHNICITY DESIGNATION

Is the student Hispanic or Latino? *Must choose one.*

Hispanic or Latino *(If selected go to Question I-A)*

Not Hispanic or Latino *(If selected go to Question II)*

Optional Question I-A *If Hispanic or Latino was chosen above, select all that apply from the list below:*

Columbian

Equadorian

Guatemalan

Mexican

Puerto Rican

Decline to indicate

Spaniard/Spanish/Spanish-American

Salvadoran

Unknown

Other

PART II: RACE DESIGNATION

Select one or more of the following categories that apply to this student:

American Indian or Alaska Native *(If selected go to question II-A)*

Optional Question II-A *If chosen, select all that apply from the list below:*

Bad River Band

Forest County

Menominee

Lac Courte Oreilles

Lac du Flambeau

Sokaogon

Oneida Nation (Wisconsin)

Red Cliff

Brothertown

St. Croix

Stock bridge

Other *Please select value form Tribal Affiliation List* _____

Asian *(If selected go to question II-B)*

Optional Question II-A *If chosen, select all that apply from the list below:*

Burmese

Chinease

Fillipino

Hmong

Indian

Karen

Korean

Vietnamese

Decline to indicate

Unknown

Other

Black or African American *(If selected go to question II-C)*

Optional Question II-A *If chosen, select all that apply from the list below:*

African-American

Ethiopian-Oromo

Ethiopian-Other

Liberian

Nigerian

Somali

Unknown

Other

Decline to indicate

Native Hawaiian or Other Pacific Islander

White