

**WAUNAKEE COMMUNITY SCHOOL DISTRICT –**

**Summer School 2022**

**ENROLLMENT INFORMATION**

**STUDENT INFORMATION STUDENT ID:**

LEGAL Last Name:	LEGAL First Name:	Middle:	Suffix:	Birth Date: (MM/DD/YYYY) Age:
Nickname:	Birthplace - County/City/State: First Year in U.S. Schools (YYYY)			Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Grade (2022-2023)				

**Racial/Ethnic Background and Migratory Status Information:** Required by State/Federal law. Answer **ALL** questions below:

<p><b>1<sup>st</sup> Question - Is this student Hispanic or Latino?</b></p> <p><input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, neither Hispanic or Latino</p>	<p><b>2<sup>nd</sup> Question – Check box(es):</b></p> <p><input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pacific Islander</p>	
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**STUDENT'S PRIOR ENROLLMENT INFORMATION (NEW STUDENTS ONLY)**

School Name:	Grade:	School Year:
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**GUARDIAN HOUSEHOLD INFORMATION-PRIMARY STUDENT RESIDENCE**

Student lives with:  Both Parents, one residence  Joint custody of physical placement  
 Sole custody with:

Household Address:	City:	Zip:
(If different than above): Mailing Address:	City: Zip:	
Primary Phone: *(ENN)	<p>Proof of Residency: <i>The Person with whom the student lives in the district and claims custody must provide one of the following:</i></p> <p align="center">current signed lease closing statement/purchase agreement utility/phone bill (not cell)</p>	
Adult Guardian Last Name:	Adult Guardian First Name:	Suffix:
Relationship to Student:		
Adult Guardian Work Phone:	Adult Guardian Cell Phone: *(ENN)	Adult Guardian Email Address: *(ENN)
Employer:		
2 <sup>nd</sup> Adult Last Name: nd nd	2 <sup>nd</sup> Adult First Name nd	Suffix:
Relationship to Student:		
2Adult Work Phone:	2Adult Cell Phone: *(ENN)	2Adult Email Address: *(ENN)
Employer:		

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**SECONDARY HOUSEHOLD INFORMATION, IF APPLICABLE**

Household Address:		City:	State:	Zip:	Home Phone: *(ENN)
Adult Guardian Last Name:		Adult Guardian First Name		Suffix:	Relationship to Student:
Adult Guardian Work Phone:	Adult Guardian Cell Phone: *(ENN)	Adult Guardian Email Address: *(ENN)			Employer:
2 <sup>nd</sup> Adult Last Name:		2 <sup>nd</sup> Adult First Name		Suffix:	Relationship to Student:
2 <sup>nd</sup> Adult Work Phone:	2 <sup>nd</sup> Adult Cell Phone: *(ENN)	2 <sup>nd</sup> Adult Email Address: *(ENN)			Employer:

**Complete the section below only if parents/guardians reside in two separate households.**

**JOINT LEGAL CUSTODY PARENT/GUARDIAN INFORMATION**

Parents/Guardians who share joint legal custody both have the right to consult with school officials concerning the child(ren)'s welfare and educational status, and to inspect and receive student records, pursuant to sec. 118.125 WI Stats.

Parents with joint legal custody will both receive copies of all official school reports, notices of parent-teacher conferences/staffings and school programs.

**NON-RESIDENT CUSTODIAL PARENT/GUARDIAN INFORMATION** (parent/guardian living outside of the Waunakee Community School District)

Name of non-resident custodial parent (address and phone are listed on the first page): Check all that apply:
<input type="checkbox"/> Is entitled to school information regarding student. <input type="checkbox"/> Has permission to pick up student from school. Additional custody information:

**PARENT WITH RESTRICTIVE CUSTODY OR DENIED PERIODS OF PHYSICAL PLACEMENT**

<b>Parents/guardians please provide the school with copies of court orders related to restrictive custody to support compliance.</b>	
Name of parent with restricted custody:	
Address: (city): (state): (zip):	
Home phone:	Cell phone: Pager #:
Place of employment:	Work phone: Extension:

<p>There <b>is</b> a court order restricting access to the student or student's record dated _____ and filed in the following court: _____.</p> <p>The court has determined this parent to have:</p> <p><input type="checkbox"/> Restrictive custody</p> <p><input type="checkbox"/> Denied periods of physical placement</p>	
<p>Additional custody information:</p>	

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**EMERGENCY CONTACT WHEN UNABLE TO REACH PARENT / GUARDIAN:**

Contact name:	Relationship:
Cell phone:	Other phone:
Additional name:	Relationship:
cell phone:	Other phone:

**OTHER STUDENT INFORMATION: Yes No**

Is English the primary language spoke in the home?		
Has your child been tested for English Language Learner Services?		
Has your child ever received English Language Learner Services? If yes, please indicate dates:	Date:	
Is your child currently receiving English Language Learner Services?		
Has your child ever received special education services? If yes, please indicate dates:	Date:	
Does your child currently receive special education services?		
Has your child been evaluated for special education services?		
Has your child ever received 504 accommodations? If yes, please indicate dates:	Date:	
Does your child currently receive 504 accommodations?		

Has your child ever received any other special services? If yes, please indicate type of service and dates:	Date: Type:	
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**Has your child been expelled from another school district or is your child currently involved in any pending expulsion proceeding in another school district?**  Yes  No

**STUDENT INFORMATION DISCLOSURE:**

**Disclosure of Student Directory Data – Family Educational Rights and Privacy Act (FERPA):**

In an effort to prevent identity theft and protect your child, the Waunakee Community School District Board Policy 347 was changed and the School board has declined to designate any information as directory data. Therefore the district may not release such information without the parent/guardian/adult student's written consent. The only way your child's school may release your child's directory information is by giving consent below, otherwise your child's name will not be allowed in athletic rosters, memory book, class lists, academic recognition lists (e.g., Honor Roll), programs for music shows, etc. I hereby give my permission to the Waunakee Community School District to release directory information related to my child \_\_\_\_\_, participation in school district sponsored activities. Directory information may include: student's name, photograph, major field of study or grade level, dates of attendance of grade level, participation in officially recognized activities and sports, number, position, weight and height of members of athletic teams, degrees, honors, and awards received, and the name of the most recent school attended. The release may be made through a playbill showing your student's role in a drama production; yearbook or memory book; honor roll or other recognition lists; graduation and other school ceremony programs; news articles and media releases; club, organization and class lists; sports activity sheets showing number, position, weight and height of team members; school district website, school district managed social media, school newspaper, public access channel and other district publications. The information and release methods listed do not apply at all grade levels. This release is valid from September 1 to August 31 and a new release must be signed each school year. No information will be released for non-school sponsored reasons, unless the release is required by state or federal laws.

**► Parent/Guardian Adult Student Signature: Date:**

**COMMUNICATION PREFERENCE:**

In an effort to save on the use of paper and printing costs, the Waunakee Community School District will use electronic communication as its primary method. If you do not have an email, please check the box below and we will accommodate you with alternative delivery method. Some communications due to their timing and nature may need to be communicated in a manner that is not your preference, but the district will do all it can to honor your preference.

I do not have an email address Parent/Guardian name: \_\_\_\_\_

**3 continue ►**

**HEALTH SURVEY/INFORMATION: This information must be updated annually to ensure our records are current.**

<b>Student Name: DOB: Grade:</b>
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YES (✓)	NO (✓)	
		Student has had the chicken pox disease. Approximate Date:
		Severe reaction to insect stings. Cause/Reaction:
		Food allergies. Cause/Reaction:
		Other allergies. Cause/Reaction:
		* Epi-pen at school: <input type="checkbox"/> In School Health Office <input type="checkbox"/> With Student
		Asthma (check one): <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Cause/Reaction:
		* Inhaler at school: <input type="checkbox"/> In School Health Office <input type="checkbox"/> With Student
		Heart condition (describe):
		Vision loss (not corrected by glasses):
		Hearing loss (describe):
		Emotional problems (describe):

		Diabetes (describe):
		Seizures (describe):
		Migraines/Headaches (describe):
		Physical limitations (please list):
		Student is taking medication at home that the school needs to be aware of: List Medication:
<p>*Please list any medications the student will be taking at school:</p> <p style="text-align: center;">Location of medication: <input type="checkbox"/> In School Health Office <input type="checkbox"/> With Student</p>		
<p>Please complete with date any new immunization boosters the student has received:</p> <p>Varicella (chicken pox) Tdap Td Other</p>		

**\*Students who require prescription or over the counter medication during school hours must have a current medication consent form completed and signed by their parent/guardian and/or medical practitioner.** This form must be submitted to the office **prior to** medication being administered or taken at school. Medication must come in the original container and be appropriately labeled. **Forms can be found in the student handbook, on the district website, or in the school office.**

<p><b>Additional Pertinent Medical Information:</b></p>
<p>The parent/guardian signature below allows the school to share student health concern information with school staff members, bus drivers and coaches/advisors that may come in contact with the student.</p>
<p><i>Updated January 2022</i></p>

**To the best of my knowledge, the information provided on this form is complete and accurate.**

**► Parent/Guardian Signature: Date:**

4 complete ●