

School District of Janesville
527 S. Franklin Street
Janesville, WI 53548
Phone: 608-743-5153 or 608-743-5072
Fax: 608-743-5154

Student/Family Enrollment Form Date _____

Signature of
Parent/Guardian _____



Student Information: Listing all children in the house Birth-18 will give the School District of Janesville permission to contact you for school enrollment purposes. Please use additional sheets as needed.

Have any of your children ever attended Janesville Schools? If Yes, who?
Have any of your children ever been expelled or have an expulsion Pending? If Yes, who?

Student Enrolling

Grade: _____ Birthdate: _____ Gender: _____
Last Name: _____
First Name: _____
Middle Name: _____
Birth City _____ Birth State _____

Does this student receive special education services? Yes No

Does this student receive a 504 Plan? Yes No

Hispanic/Latino Yes No

Race: (Check any that apply. Must Select at least one)

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

Student Enrolling/Sibling

Grade: _____ Birthdate: _____ Gender: _____
Last Name: _____
First Name: _____
Middle Name: _____
Birth City _____ Birth State _____

Does this student receive special education services? Yes No

Does this student receive a 504 Plan? Yes No

Hispanic/Latino Yes No

Race: (Check any that apply. Must Select at least one)

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

Student Enrolling/Sibling

Grade: _____ Birthdate: _____ Gender: _____
Last Name: _____
First Name: _____
Middle Name: _____
Birth City _____ Birth State _____

Does this student receive special education services? Yes No

Does this student receive a 504 Plan? Yes No

Hispanic/Latino Yes No

Race: (Check any that apply. Must Select at least one)

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

Enrolling Address				Household Phone Number ()			
House Number	Direction	Street Name			Apt. #		
City			State	Zip			
Parent/Legal Guardian(s) Living at Enrolling Address				Cell Phone ()			
Last Name			First Name		Middle Initial		
Relationship to Student			Birthdate / /		Gender		
Email Address					Work Phone		
Parent/Legal Guardian(s) Living at Enrolling Address				Cell Phone ()			
Last Name			First Name		Middle Initial		
Relationship to Student			Birthdate / /		Gender		
Email Address					Work Phone		
Secondary household Address only needed if a parent or Legal Guardian is not living at Enrolling Address							
Second Household Address				Household Phone Number ()			
House Number	Direction	Street Name			Apt. #		
City			State	Zip			
Parent/Legal Guardian Living at Second Household				Cell Phone ()			
Last Name			First Name		Middle Initial		
Relationship to Student			Birthdate / /		Gender		
Email Address					Work Phone		
Parent/Legal Guardian Living at Second Household				Cell Phone ()			
Last Name			First Name		Middle Initial		
Relationship to Student			Birthdate / /		Gender		
Email Address					Work Phone		
For Office Use Only:	Language Survey <input type="checkbox"/> Y <input type="checkbox"/> N	Proof Of ID <input type="checkbox"/> Y <input type="checkbox"/> N	Proof Of Residency <input type="checkbox"/> Y <input type="checkbox"/> N	Birth Cert <input type="checkbox"/> Y <input type="checkbox"/> N	Imm <input type="checkbox"/> Y <input type="checkbox"/> N	MKV <input type="checkbox"/> Y <input type="checkbox"/> N	
School to Attend	Start Date	Parent Log in		Parent Temp Password		Address Path	