

School District of Janesville  
527 S. Franklin Street  
Janesville, WI 53548  
Phone: 608-743-5011  
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

Does this student have a Health Condition?  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

Does this student have a Health Condition?  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

Does this student have a Health Condition?  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

Does this student have a Health Condition?  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

**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

Does this student have a Health Condition?  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

**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

Does this student have a Health Condition?  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

<b>Enrolling Address</b>				<b>Household Phone Number</b>				
House Number	Direction	Street Name			Apt. #			
City			State	Zip				
<b>Parent/Legal Guardian(s) Living at Enrolling Address</b>				<b>Cell Phone</b>				
Last Name			First Name			Middle Initial		
Relationship to Student			Birthdate		Gender			
Email Address					Work Phone			
<b>Parent/Legal Guardian(s) Living at Enrolling Address</b>				<b>Cell Phone</b>				
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								
<b>Second Household Address</b>				<b>Household Phone Number</b>				
House Number	Direction	Street Name			Apt. #			
City			State	Zip				
<b>Parent/Legal Guardian Living at Second Household</b>				<b>Cell Phone</b>				
Last Name			First Name			Middle Initial		
Relationship to Student			Birthdate		Gender			
Email Address					Work Phone			
<b>Parent/Legal Guardian Living at Second Household</b>				<b>Cell Phone</b>				
Last Name			First Name			Middle Initial		
Relationship to Student			Birthdate		Gender			
Email Address					Work Phone			
<b>For Office Use Only:</b>	<b>Language Survey</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Proof Of ID</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<b>Proof Of Residency</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<b>Birth Cert</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Imm</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>MKV</b> <input type="checkbox"/> Y <input type="checkbox"/> N
<b>School to Attend</b>	<b>Start Date</b>	<b>Parent Log in</b>		<b>Parent Temp Password</b>		<b>Address Path</b>		