

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

Turn Over to Complete>>>>>

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	