



School District of Janesville Student/Family Enrollment Form

527 S Franklin St Janesville, WI 53548 Phone: 608-743-5011 Fax: 608-743-5154

Signature of Parent/Guardian _____ Date _____

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?

<p>Student Enrolling</p> <p>Grade: _____ Birthdate: _____ Gender: _____</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Middle Name: _____</p> <p>Birth City _____ Birth State _____</p>	<p>Does this student receive special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does this student receive a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does this student have a Health Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race: (Check any that apply. Must Select at least one)</p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> White</p>
<p>Student Enrolling/Sibling *If not listed Above</p> <p>Grade: _____ Birthdate: _____ Gender: _____</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Middle Name: _____</p> <p>Birth City _____ Birth State _____</p>	<p>Does this student receive special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does this student receive a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does this student have a Health Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race: (Check any that apply. Must Select at least one)</p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> White</p>
<p>Student Enrolling/Sibling *If not listed Above</p> <p>Grade: _____ Birthdate: _____ Gender: _____</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Middle Name: _____</p> <p>Birth City _____ Birth State _____</p>	<p>Does this student receive special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does this student receive a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does this student have a Health Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race: (Check any that apply. Must Select at least one)</p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> White</p>

Enrolling Address

Street Address	Apt. #
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City	State	Zip	Household Phone Number
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Parent/Legal Guardian(s) Living at Enrolling Address

Last Name	First Name	Middle Initial
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Relationship to Student	Birthdate / /	Gender
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Email Address	Work Number	Cell Number
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Parent/Legal Guardian(s) Living at Enrolling Address

Last Name	First Name	Middle Initial
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Relationship to Student	Birthdate / /	Gender
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Email Address	Work Number	Cell Number
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A secondary household Address is only needed if a parent or Legal Guardian is not living at Enrolling Address

Second Household Address

Street Address	Apt. #
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City	State	Zip	Household Number
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Parent/Legal Guardian Living at Second Household

Last Name	First Name	Middle Initial
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Relationship to Student	Birthdate / /	Gender
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Email Address	Work Number	Cell Number
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Parent/Legal Guardian Living at Second Household

Last Name	First Name	Middle Initial
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Relationship to Student	Birthdate / /	Gender
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Email Address	Work Number	Cell Number
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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
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School to Attend	Start Date	Parent Log in	Parent Temp Password	Address Path