

SWALLOW SCHOOL NEW STUDENT ENROLLMENT FORM / 2024-2025

(legal name must be used for student and parents)

Section I: Student Information

Actual Starting Date _____

Student's Legal Name: _____ DOB*: _____

Preferred Name: _____ Grade: _____ Gender: _____ Home Phone: _____

Address*: _____ Apt#: _____

City, State & Zip: _____ County: _____

Birth City: _____ Birth State: _____ Birth County: _____

Birth Country: _____ Entry date into US (if birthplace is other than US): _____

Start of school in US: _____ WI First Time Enrollment Date (if after kindergarten): _____

Primary Language Spoken: _____ Secondary Language Spoken: _____

Ethnicity: (mark one) Hispanic/Latino Yes No If Hispanic or Latino was chosen, select all that apply from the list below:

Columbian Ecuadorian Guatemalan Mexican Puerto Rican Salvadoran Spaniard/Spanish/Spanish-American

Decline to indicate Unknown Other

Federal Race: (mark all that apply) American Indian or Alaskan Native Asian Black

Native Hawaiian or Other Pacific Islander White

Child resides with: (mark one) Both Parents Mother only Father only Guardian Foster Joint Custody

Section II: Guardian Information

FAMILY 1 INFORMATION

Guardian 1 Name: _____ Cell Phone: _____ Gender M F

Employer: _____ Work Phone: _____

Email Address: _____ Birthplace: _____

Guardian 1 Spouse: _____ Cell Phone: _____ Gender M F

Employer: _____ Work Phone: _____

Email Address: _____ Birthplace: _____

Address (if different from student): _____

FAMILY 2 INFORMATION

Guardian 2 Name: _____ Relation to Student: _____

Address: _____ Home Phone: _____

City, State & Zip: _____ Cell Phone: _____ Gender M F

Employer: _____ Work Phone: _____

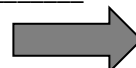
Email Address: _____ Birthplace: _____

Guardian 2 Spouse: _____ Cell Phone: _____ Gender M F

Employer: _____ Work Phone: _____

Address (if different from student): _____

*Proof of residency and original birth certificate required to complete the registration process.



For Office Use Only: Birth Certificate Verified Resident Tuition (building/moving) - date in home _____
Proof of Residency Verified & Attached: Open Enrollment Tuition Waiver
Immunizations to Health Room

Section III: Sibling Information

Name	Gender	Birthdate	Current School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section IV: Emergency Information (Parent/Guardian will be contacted first.)

Emergency Name:	Home Phone#:	Cell Phone#:	Relationship to Student
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section V: Student Health Information

Does your child have any special health concerns? No Yes
 If yes, please explain: _____
 Does your child have any Severe Allergies? No Yes
 If yes, please list: _____
 ^ If yes, an Individual Health Plan must be filled out each year. Forms may be obtained from the school nurse or downloaded from the school website.

Section VI: Home Language Survey**

What language did your child learn when she/he first began to talk? English Other _____
 What language does the parent(s) speak with other adults in the home? English Other _____
 What language does the parent(s) speak to his/her child most of the time? English Other _____
 What language does the child speak to parent(s) at home most of the time? English Other _____
 What language does the child speak to his/her friends outside of school? English Other _____
 Does an adult in the home speak English? Yes No
 Does an adult in the home read English? Yes No
 Was your child ever enrolled in an English Language Program (ESL)? Yes No
 If Yes, School Name _____
 Was your child exited from an English Language Program? Yes No Is Yes, date of exit _____
 Do you think your child will benefit from an English Language Program (ESL)? Yes No

Signature of Person Completing Survey: _____ Relationship to Student: _____

Section VII: Individualized Education Plan (IEP) History

Does your student currently have an Individualized Education Plan? Yes No
 Has your student ever had an Individualized Education Plan? Yes No
 If yes for either, please list an IEP Contact Name and Title: _____
 School/Agency: _____ Phone: _____

Section VIII: Previous School Information

School last attended: _____
 School Address: _____
 Phone: _____ Fax: _____

<p>**For Office Use Only Give Special Ed. Director a copy of Registration Form if any of the following are reflected in Section VI: question #1-5: <u>any</u> are marked Other question #6-7: <u>any</u> are marked No question #8-10: <u>any</u> are marked Yes</p>
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