D.C. Everest Area SCHOOL DISTRICT

Student Enrollment Form

OFFICE USE - fill in information from Birth Certificate

Birthdate _____

Birthplace _____

Legal Name _____

Home Language Survey

___ Screen ___ Do Not Screen ___ Further Follow-up Needed

Date /Time Received ____/____/____ ____:____ am / pm

Today's Date _____/_____/_____ Student Start Date _____/_____/_____

Student's Gender ☐ Male ☐ Female Student's Date of Birth _____/_____/_____ Age _____ Grade _____

Student's Full Legal Name _____ _____ _____

(Last Name) (First Name) (Middle Name)

Student Nickname (or American Name) _____ Student is a twin/triplet? (multiple birth) ☐ YES ☐ NO

Student's Primary Address _____ City, State, Zip _____

Household Phone Number(s) _____

RACE & ETHNICITY

Is the student Hispanic or Latino? ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Check one or more of the following categories that apply to this child:

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

Ancestry/Ethnic Origin

If Yes for Hispanic/Latino, choose all that are applicable.

☐ Colombian ☐ Ecuadorian ☐ Guatemalan ☐ Mexican ☐ Puerto Rican ☐ Salvadoran ☐ Spanish/Spanish-American ☐ Other

If Asian choose all that are applicable.

☐ Burmese ☐ Chinese ☐ Filipino ☐ Hmong ☐ Indian ☐ Karen ☐ Korean ☐ Vietnamese ☐ Other ☐ Unknown

If Black or African American, choose all that are applicable.

☐ African American ☐ Ethiopian Oromo ☐ Ethiopian-Other ☐ Liberian ☐ Somali ☐ Other ☐ Unknown

If American Indian or Alaska Native, choose one Tribal Affiliation

☐ Bad River Band ☐ Forest County ☐ Ho-Chunk ☐ Lac Courte Oreilles ☐ Lac du Flambeau ☐ Menominee ☐ Oneida Nation WI
☐ Red Cliff ☐ Sokaogon ☐ St. Croix ☐ Stockbridge ☐ Brothertown ☐ Other

Student's Birthplace (if not born in the U.S.) City _____ State _____ Country _____

Date first entered U.S. ____/____/____ Date first entered U. S. School ____/____/____ Date first entered Wisconsin Schools ____/____/____

Has child ever enrolled under a different name? ☐ YES ☐ NO

If yes, provide full name _____ _____ _____

(Last Name) (First Name) (Middle Name)

Home Language (language student uses most frequently in the home) _____

Native Language (language student learned to speak) _____

CURRENT PARTICIPATION & PREVIOUS PARTICIPATION IN ANY PROGRAMS BELOW (check all that apply)

☐ Special Education/Individualized Education Program (IEP) ☐ 504/At Risk ☐ ESL/ELL/EL ☐ Gifted/Talented

Is your student currently assigned a social worker? ☐ YES ☐ NO If yes, name/phone _____

PREVIOUS EDUCATION EXPERIENCE

School student most recently attended (Name, Address, City, State and Zip)

_____

Has the student previously been enrolled in the D.C. Everest Area School District? ☐ YES ☐ NO When _____

Has the student ever been expelled from school? ☐ YES ☐ NO If yes, please provide date(s) _____

Has the student ever been withdrawn from school to avoid expulsion proceedings? ☐ YES ☐ NO If yes, provide date(s) _____

The D.C. Everest Area School District does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, marital status, parental status, sexual orientation, sex, (including pregnancy, gender status, change of sex or gender identity), or physical, mental, emotional, or learning disability or any basis protected by state or federal laws. The following staff are designated to receive inquiries regarding the non-discrimination policies: Gina Lehman, Director of Student Services, gilehman@dce.k12.wi.us, or Sarah Trimner, Director of Talent and Culture, strimner@dce.k12.wi.us, both are located at 6100 Alderson Street, Weston, WI 54476 and (715) 359-4221.

Last Updated February 2026

HOUSING

Do you currently rent or own your home? ☐ YES ☐ NO If no, please select the option that best represents the student's current housing situation.

☐ Motel/hotel ☐ Living with family members or friends ☐ Shelter ☐ Vehicle ☐ Other _____

CUSTODY INFORMATION ☐ Joint ☐ Mother ☐ Father ☐ Other _____

COURT ORDERED CUSTODY ☐ YES ☐ NO (If yes, attach the court documentation with this application)

HOUSEHOLD INFORMATION

PRIMARY HOUSEHOLD - Student presently resides more than 50% of the time (Please check all that apply)

1st Adult

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Foster Mother ☐ Foster Father
☐ Guardian ☐ Adult Sibling ☐ Spouse ☐ Other _____

Legal Name _____ _____ _____ Date of Birth _____/_____/_____
(Last Name) (First Name) (Middle Name)

☐ Male ☐ Female

Receive mailings (i.e. Report Cards and Progress Reports)? ☐ YES ☐ NO Migrant Worker? ☐ YES ☐ NO

Primary Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

Does this person need translation? ☐ YES ☐ NO Oral Language _____ Written Language _____

Is this person on ACTIVE DUTY in the military? ☐ YES ☐ NO If yes, provide branch _____

Is this person a traditional member of the Guard or Reserve? ☐ YES ☐ NO

Is this person a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? ☐ YES ☐ NO

2nd Adult

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Foster Mother ☐ Foster Father
☐ Guardian ☐ Adult Sibling ☐ Spouse ☐ Other _____

Legal Name _____ _____ _____ Date of Birth _____/_____/_____
(Last Name) (First Name) (Middle Name)

☐ Male ☐ Female

Receive mailings (i.e. Report Cards and Progress Reports)? ☐ YES ☐ NO Migrant Worker? ☐ YES ☐ NO

Primary Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

Does this person need translation? ☐ YES ☐ NO Oral Language _____ Written Language _____

Is this person on ACTIVE DUTY in the military? ☐ YES ☐ NO If yes, provide branch _____

Is this person a traditional member of the Guard or Reserve? ☐ YES ☐ NO

Is this person a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? ☐ YES ☐ NO

Siblings living at same primary address as student

Last Name	First Name	Middle Name	Date of Birth	Gender	Grade (If School Age)
_____	_____	_____	_____/_____/_____	☐ Male ☐ Female	_____
_____	_____	_____	_____/_____/_____	☐ Male ☐ Female	_____
_____	_____	_____	_____/_____/_____	☐ Male ☐ Female	_____
_____	_____	_____	_____/_____/_____	☐ Male ☐ Female	_____
_____	_____	_____	_____/_____/_____	☐ Male ☐ Female	_____

SECONDARY HOUSEHOLD - Not student's primary residence

1st Adult

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Foster Mother ☐ Foster Father
☐ Guardian ☐ Adult Sibling ☐ Spouse ☐ Other _____

Legal Name _____ _____ _____ Date of Birth _____/_____/_____
(Last Name) (First Name) (Middle Name)

☐ Male ☐ Female
Receive mailings (i.e. Report Cards and Progress Reports)? ☐ YES ☐ NO Migrant Worker? ☐ YES ☐ NO
Primary Address _____ City, State, Zip _____
Home Phone _____ Cell Phone _____
Email _____ Employer _____ Business Phone _____
Does person need translation? ☐ YES ☐ NO Oral Language _____ Written Language _____

Is this person on ACTIVE DUTY in the military? ☐ YES ☐ NO If yes, provide branch _____
Is this person a traditional member of the Guard or Reserve? ☐ YES ☐ NO
Is this person a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? ☐ YES ☐ NO

2nd Adult

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Foster Mother ☐ Foster Father
☐ Guardian ☐ Adult Sibling ☐ Spouse ☐ Other _____

Legal Name _____ _____ _____ Date of Birth _____/_____/_____
(Last Name) (First Name) (Middle Name)

☐ Male ☐ Female
Receive mailings (i.e. Report Cards and Progress Reports)? ☐ YES ☐ NO Migrant Worker? ☐ YES ☐ NO
Primary Address _____ City, State, Zip _____
Home Phone _____ Cell Phone _____
Email _____ Employer _____ Business Phone _____
Does this person need translation? ☐ YES ☐ NO Oral Language _____ Written Language _____

Is this person on ACTIVE DUTY in the military? ☐ YES ☐ NO If yes, provide branch _____
Is this person a traditional member of the Guard or Reserve? ☐ YES ☐ NO
Is this person a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? ☐ YES ☐ NO

EMERGENCY CONTACT(s): List in order of preference that you authorize to pick up your student from school in case of emergency, illness, or to verify absence from school if the school is unable to contact a parent/guardian

1st Emergency Contact

Name _____ _____ _____
(Last Name) (First Name) (Middle Name)
Relationship to Student _____ ☐ Male ☐ Female Date of Birth _____/_____/_____
Address _____ City, State, Zip _____
Home Phone _____ Cell Phone _____

2nd Emergency Contact

Name _____ _____ _____
(Last Name) (First Name) (Middle Name)
Relationship to Student _____ ☐ Male ☐ Female Date of Birth _____/_____/_____
Address _____ City, State, Zip _____
Home Phone _____ Cell Phone _____

FOOD SERVICE

Does your student have special dietary needs? ☐ YES ☐ NO If yes, list dietary needs(s).

_____

_____

If your student was previously enrolled at another district, was it a Community Eligibility Provision school? ☐ YES ☐ NO ☐ Unsure

Did you receive free/reduced eligibility at your previous school? ☐ YES ☐ NO ☐ I do not wish to answer

MEDICAL INFORMATION

Does your student have a health condition? ☐ YES ☐ NO If yes, list health condition(s) including symptoms and treatment for condition(s).

_____

_____

_____

Does your student require medication(s) at school? ☐ YES ☐ NO If yes, list medication(s).

_____

_____

Parent/Guardian must complete the School Medication Consent form for student who need medication(s) while at school. The Parent/Guardian should contact their student's School Health Assistant/School Nurse to discuss health condition(s) and/or medication(s).

DIGITAL EQUITY

The D.C. Everest Area School District will provide each newly enrolled student with a device.

1. Can the student access the internet on their primary learning device at home?
   ☐ YES ☐ NO - Not Desired ☐ NO - Not Available ☐ NO - Not Affordable ☐ NO - Other _____

2. What is the primary type of internet service used at the residence?
   ☐ Residential Broadband (DSL, Cable, Fiber) ☐ Cellular Network ☐ Satellite ☐ Dial-up ☐ None
   ☐ Hot Spot (school provided hot spot or school provided service) ☐ Community Provided Wi-Fi ☐ Other ☐ Unknown

3. Can the student stream a video on their primary learning device without interruption? ☐ YES - No Issues ☐ YES - But Not Consistent ☐ NO

4. What device does the student most often use to complete schoolwork at home?
   ☐ Desktop Computer ☐ Laptop Computer ☐ Tablet ☐ Chromebook ☐ Smartphone ☐ None ☐ Other

5. Who provided the primary learning device to the student? ☐ School ☐ Personal ☐ Other

6. Is the primary learning device shared with anyone else in the household?
   ☐ Personal-Dedicated ☐ Personal-Shared ☐ School Provided-Dedicated
   ☐ School Provided-Shared ☐ Shared ☐ Not Shared ☐ Unknown ☐ None

PARENT/GUARDIAN AUTHORIZATION

Handbook

☐ I acknowledge that I know how to access the electronic copy of the Student Handbook on the district's website. In addition, I agree to familiarize myself with the information and obey the policies contained in this document.

Fundraiser Participation for Students under 12

☐ My student has permission to participate in school-sponsored fundraising activities. I understand that a student under nine (9) years of age must be physically accompanied by a parent or a person at least sixteen (16) years of age.

Field Trips

☐ I consent for my child to participate in school and/or district approved field trips.

Guidelines for Educational Uses of Technology

☐ My child and I agree to the Technology Acceptable Use Policy (7540.03) found under School Board Policies at www.dce.k12.wi.us and agree to abide by it. We also understand that any violation of the policies referenced are unethical and may constitute a violation of law. As a student, if I commit any violation, my access privileges may be revoked, school disciplinary action (including fines) may be taken, and/or appropriate legal action may be pursued. As a parent, I understand that this access is designed for educational purposes. However, I also recognize it is impossible for the school district to restrict access to all controversial materials, and I will not hold the school district or its employees or agents responsible for materials acquired on the Internet. I also understand that I am financially responsible for my student's actions should those actions result in damage to district resources. I hereby give permission for my child to use the networked computer system, which includes filtered Internet access as well as online applications such as, but not limited to, Canvas, Office 365 and Google Apps for Education. I understand that if I have concerns regarding my child's use of technology, I will contact my child's school.

The Wisconsin Home Language Survey

This survey is given to all students enrolling in Wisconsin Schools.

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed for your child. Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of services offered to your child.

1. Was the first language used by this student English? ☐ Yes: Go to question 2. ☐ No: Go to question 3.

2. When at home, does this student hear or use a language other than English more than half of the time?
   ☐ Yes: Please stop here. ☐ No: Student is not eligible for ELP Screening. HLS is complete.

3. When at home, does this student hear or use a language other than English more than half of the time? ☐ Yes ☐ No

OFFICE USE

- If #1 is "Yes" and #2 is "No" - Student is not eligible for ELP screening. HLS is complete.
- If #1 is "Yes" and #2 is "Yes" - Contact the Administrative Assistant to Curriculum & Learning Department to continue HLS process.
- If #1 is "No" and #3 is "Yes" Record other languages below. HLS is complete. Notify the Administrative Assistant to Curriculum & Learning Department to set up ELP screener.
- If #1 is "No" and #3 is "No" - Contact the Administrative Assistant to Curriculum & Learning Department to continue HLS process.

Upload this document and full HLS (if applicable) to Infinite Campus - Person Documents.

Languages other than English used by student, if identified: _____

I verify the information in the Student Enrollment Form is correct and current. I will inform the school(s) of any changes in this information.

Name of person completing this form _____ Relationship to child _____

Parent/Guardian Signature _____ Date _____/_____/_____