

Central High School District of Westosha
Student Enrollment Form
2011-2012

Date: _____
 Student ID: _____
 School: _____

| | | | | | |
|--|---------------|--|--------------------------------------|---|--|
| Student Legal Name (as it appears on birth record) | | | | | |
| Last Name: | | First: | | Full Middle: | |
| Date of Birth: | Grade: | Age: | Male <input type="checkbox"/> | Female <input type="checkbox"/> | |
| Parent/Guardian with whom student resides: | | | | | |
| Address (where student resides 50% or more of the time): | | | | | |
| City: | | State: | | Zip: | |
| Proof of Residency: <i>The person with whom the student lives in the district and who claims custody of the student must attach one of the following:</i> | | | | | |
| Current signed lease <input type="checkbox"/> | | Closing statement or purchase agreement of residence <input type="checkbox"/> | | Current gas, electric, cable or telephone bill (not cell phone bill) <input type="checkbox"/> | |
| | | Signed "Residency Without Ownership" form <input type="checkbox"/> | | | |
| Home Phone: () | | Is your home phone Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Cell Phone: () | |
| Has this student ever been retained? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Grade Retained: | | |
| Entering from: (Check one) | | First Year of School <input type="checkbox"/> | | WI Public <input type="checkbox"/> | |
| | | WI Private <input type="checkbox"/> | | Out of State Public <input type="checkbox"/> | |
| | | Out of State Private <input type="checkbox"/> | | Home Schooled <input type="checkbox"/> | |
| | | | | Out of Country <input type="checkbox"/> | |
| RACE AND ETHNICITY DATA COLLECTION | | | | | |
| The school district is required by federal law to ask the following two questions concerning race and ethnicity. Please answer both questions. | | | | | |
| Is this student Hispanic or Latino? | | | | | |
| <input type="checkbox"/> Yes, Hispanic or Latino | | <input type="checkbox"/> No, neither Hispanic nor Latino | | | |
| Select one or more of the following categories that apply to this person (you must select at least one): | | | | | |
| <input type="checkbox"/> American Indian or Alaska Native | | | | | |
| <input type="checkbox"/> Asian | | | | | |
| <input type="checkbox"/> Black or African American | | | | | |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | | | | | |
| <input type="checkbox"/> White | | | | | |
| Birth City and Country (If not USA): _____ | | | | Migrant: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If the student has lived outside the USA, please complete: | | | | | |
| Moved to the United States on | | / / | | from _____ | |
| | | Month Date Year | | City and Country Name | |
| First United States School Entry Date: | | / / | | | |
| | | Month Date Year | | | |
| Has this student been expelled or considered for expulsion from another school district in the past three years? | | | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please answer the following questions: | | | | | |
| School district ordering or considering expulsion: _____ | | | | | |
| Length of expulsion period: | | From: | | To: | |
| STATEMENT OF NONDISCRIMINATION | | | | | |
| No student may be discriminated against in any school programs, activities or in facilities usage because of the student's sex, color, religion, profession or demonstration of belief or non-belief, race, national origin, ancestry, creed, pregnancy, marital or parental status, homelessness status, sexual orientation or physical, mental, emotional or learning disability. Harassment is a form of discrimination and shall not be tolerated in the district. It is the responsibility of administrators, staff members and all students to ensure that student discrimination or harassment does not occur. (SPASD District Policy JB) | | | | | |

Primary Contact (student's primary residence)

1st Adult

Wishes to receive academic mailings?

US Postal No Yes / E-mail No Yes

Relation to Student: Mother Father Step-Parent Relative Foster Parent
Alone (18) Other

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: () _____ Cell Phone #: () _____

Employer: _____ Work #: _____ Pager #: _____

Email Address: _____

Mailing address (if different than above):

Address: _____ City: _____ State: _____ Zip: _____

2nd Adult with the same address as Primary Contact

Relation to Student: Mother Father Step-Parent Relative Foster Parent
Alone (18) Other

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: () _____ Cell Phone #: () _____

Employer: _____ Work #: _____ Pager #: _____

Email Address: _____

Mailing address (if different than above):

Address: _____ City: _____ State: _____ ZIP: _____

Secondary Family (not student's primary residence). Include adult responsible for student.

1st Adult

Wishes to receive academic mailings?

US Postal No Yes / E-mail No Yes

Relation to Student: Mother Father Step-Parent Relative Foster Parent
Alone (18) Other

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: () _____ Cell Phone #: () _____

Employer: _____ Work #: _____ Pager #: _____

Email Address: _____

Mailing address (if different than above):

Address: _____ City: _____ State: _____ Zip: _____

2nd Adult living at secondary household

Relation to Student: Mother Father Step-Parent Relative Foster Parent
Alone (18) Other

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: () _____ Cell Phone #: () _____

Employer: _____ Work #: _____ Pager #: _____

Email Address: _____

Mailing address (if different than above):

Address: _____ City: _____ State: _____ Zip: _____

Court-Ordered Custody - IF YES, COURT ORDER MUST BE ON FILE IN SCHOOL OFFICE TO BE IMPLEMENTED. Attached: Yes No

ALTERNATE EMERGENCY CONTACT 1 (other than parent)

Name Of Contact:

| | | | | | |
|------------------|---------------|----------|-------------|-------------|---------------|
| Relation: | Aunt | Brother | Babysitter | Co-Worker | Foster Father |
| (Circle one) | Foster Mother | Friend | Grandfather | Grandmother | Grandparents |
| | Guardian | Neighbor | Pastor | Relative | Stepfather |
| | Stepmother | Spouse | Sister | Uncle | |

Telephone: Home: () Cell: () Work: ()

Address: _____ City: _____ State: _____ Zip: _____

ALTERNATE EMERGENCY CONTACT 2 (other than parent)

Name of Contact:

| | | | | | |
|------------------|---------------|----------|-------------|-------------|---------------|
| Relation: | Aunt | Brother | Babysitter | Co-Worker | Foster Father |
| (Circle one) | Foster Mother | Friend | Grandfather | Grandmother | Grandparents |
| | Guardian | Neighbor | Pastor | Relative | Stepfather |
| | Stepmother | Spouse | Sister | Uncle | |

Telephone: Home: () Cell: () Work: ()

Address: _____ City: _____ State: _____ Zip: _____

ALTERNATE EMERGENCY CONTACT 3 (other than parent)

Name of Contact:

| | | | | | |
|------------------|---------------|----------|-------------|-------------|---------------|
| Relation: | Aunt | Brother | Babysitter | Co-Worker | Foster Father |
| (Circle one) | Foster Mother | Friend | Grandfather | Grandmother | Grandparents |
| | Guardian | Neighbor | Pastor | Relative | Stepfather |
| | Stepmother | Spouse | Sister | Uncle | |

Telephone: Home: () Cell: () Work: ()

Address: _____ City: _____ State: _____ Zip: _____

PHYSICIAN: _____ **TELEPHONE:** () _____

Today's Date: _____

Central High School Home Language Survey

Student Name: _____ Grade: _____ School: _____

The purpose of this survey is a preliminary screen to determine if your child qualifies for English as a Second Language (ESL) support services.

1. Was English the first language your child spoke and understood? ___ No ___ Yes

If NO: What was the first language your child spoke and understood? _____

HOME LANGUAGE (If not English)

- | | | | | | |
|-------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| Arabic <input type="checkbox"/> | Cantonese <input type="checkbox"/> | Farsi <input type="checkbox"/> | Hindi <input type="checkbox"/> | Hmong <input type="checkbox"/> | Indian <input type="checkbox"/> |
| Italian <input type="checkbox"/> | Japanese <input type="checkbox"/> | Mandarin <input type="checkbox"/> | Mandingo <input type="checkbox"/> | Mandinka <input type="checkbox"/> | Nepali <input type="checkbox"/> |
| Punjabi <input type="checkbox"/> | Russian <input type="checkbox"/> | Spanish <input type="checkbox"/> | Tagalog <input type="checkbox"/> | Thai <input type="checkbox"/> | Turkish <input type="checkbox"/> |
| Vietnamese <input type="checkbox"/> | Wollof <input type="checkbox"/> | Other <input type="checkbox"/> | Chinese <input type="checkbox"/> | | |

By answering NO, your child will be further evaluated to determine if they qualify for English as a Second Language (ESL) support. Based on this evaluation, he or she may be eligible to participate in the ESL program and will participate in annual assessments to help determine improvement in English proficiency.

2. What language does your child speak at home most of the time? _____

3. Has your child ever received ESL/bilingual services to help them speak and understand English?
_____ No _____ Yes

4. Does your child speak and understand more than one language? ___ No ___ Yes

If YES: What other languages does your child speak and understand? _____

5. Would you like important school-related information made available in a language other than English?
_____ No _____ Yes, in what language? _____

6. If your child has previously attended school, please provide the following information:

Number of years in a school located in the USA _____

Number of years in a school **not** located in the USA _____

Parent/Guardian Signature: _____

Date: _____

Specify other:

c. Building ESL Teacher, Enrollment Secretary, Building Secretary
06/14/2011

EDUCATION PROGRAMS

Has the student participated in special education classes? Yes No
 Does your child have an Individualized Education Program (IEP)? Yes No

Does your child have one or more of the following specialized educational needs? Please check those below that apply to your child.

| | |
|-----------------------------|--|
| Gifted and Talented | Chapter 1/ Title 1/ Remedial Reading |
| Learning disability | Emotional disability |
| Speech or language handicap | Cognitive disability or other developmental disability |
| Orthopedic impairment | Visual handicap |
| Hearing handicap | Other health impaired |
| Traumatic brain injury | Autism |
| Other program: | |

Does your child currently have health insurance? _____ Yes _____ No
 (Response to this question is optional)

Do siblings currently attend Central High School? _____ Yes _____ No
 If so, please complete the following information:

Student _____ Grade _____ School _____
 Student _____ Grade _____ School _____
 Student _____ Grade _____ School _____

Person enrolling student lives with student? Yes No

If no, explain _____

Phone Number: _____

I hereby certify, under penalty of perjury, that the information furnished on these forms are true and correct to the best of my knowledge and the Central High School District of Westosha may rely on this information to determine the residence of the student.

I hereby authorize Central High School District of Westosha permission to obtain information as necessary to confirm proof of residency.

Tuition will be billed to the parent/guardian if it is determined that residency requirements are not met.

 Signature of person completing form

 Date

 Administrative Approval for New Enrollment

 Date