



**THREE LAKES SCHOOL DISTRICT
STUDENT ENROLLMENT FORM 2024-2025**

Section 1: Student's Information				
Child's Legal Last Name:	Child's Legal First Name:	Middle Name:	Date of Birth (mm/dd/yyyy)	Gender: Male Female
District of Residence	Enrolling into Grade:	Has this student ever been expelled?		Yes No
		Is this student under an expulsion order at this time?		Yes No
Ethnicity (Select one): Hispanic/Latino Non-Hispanic/Latino				
Race (select all that apply): American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White				
<i>American Indian/Alaskan Native only-please indicate tribal affiliation: Forest County Potawatomi Lac du Flambeau Oneida Nation Sokaogon Ho-Chunk Other:</i>				
Section 2: Primary Household				
Street Address:		City:	State:	Zip:
Mailing Address (if different):		Mailing City:	Mailing State:	Mailing Zip:
Check one: Mother Father Guardian Stepfather Stepmother Foster Other (specify):				
Parent/Guardian Last Name:		Parent/Guardian First Name:		Email:
Cell or Primary Phone:		Work Phone:		Employer:
Check one: Mother Father Guardian Stepfather Stepmother Foster Other (specify):				
Parent/Guardian Last Name:		Parent/Guardian First Name:		Email:
Cell or Primary Phone:		Work Phone:		Employer:
Section 3: Secondary Household (if applicable)				
(Both parents will have rights to full pupil records unless a court order revokes those rights and is on file at the school)				
Check one: Mother Father Guardian Stepfather Stepmother Foster Other (specify):				
Parent/Guardian Last Name:		Parent/Guardian First Name:		Email:
Cell or Primary Phone:		Work Phone:		Employer:
Section 4: Sibling/Others Living in Household Information				
Name:	DOB:	Male Female	Relationship to Student:	School:
Name:	DOB:	Male Female	Relationship to Student:	School:
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Section 5: Military Service Information				
Is either parent or guardian on active duty in the military?		Yes No	If yes, name of parent:	
Is either parent or guardian a traditional member of the Guard or Reserve?		Yes No		
Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?		Yes No		
Section 6: Education Services				
Does your child have an Individualized Education Plan (IEP):			Does your child have a 504 plan?	
Yes No			Yes No	
If yes, please indicate primary disability below:				
Autism		Other Health Impairment	Specific Learning Disability	Hearing Impaired
Intellectual Disability		Significant Developmental Delay	Orthopedic Impairment	Speech/Language Impaired
Emotional/Behavioral Disability		Traumatic Brain Injury	Visually Impaired	Other:

