			5	Section 1: St	tudent's li	nform	ation						
Child'	's Legal Last Name:	Child's Legal First Name:			Middle Name: Date			e of Birth (mm	Gender:				
										Male	Femal	е	
District of Residence Enrolling in			g into Grade	Has th	Has this student ever been expe				Yes		No		
					Is this	stude	nt under an expu	Ision order at t	this time	? Yes		No	
Ethnic	city (Select one): Hispanic/Latino	Non-I	Hispanic/La	tino									
Race	(select all that apply): American	Indian/Alas	kan Native	Asian	Black/Afri	ican A	merican Nativ	re Hawaiian/Ot	ther Pac	cific Islander	Whit	е	
	an Indian/Alaskan Native only-please ind	licate tribal at	ffiliation: Ed	orest County Po	otawatomi	Lacd	u Elambaau - Onai	da Nation Sol	kaogon	Ho-Chunk	Other:		
America	arr malarizmaskarr realive orny piease ma	Totale linbar ar	illiation. Te	Section 2: F				da Nation Cor	- Laogon	TIO CHUIK	Juior.		
Stree	t Address:				City:			State:		Zip:			
Mailin	ng Address (if different):			Mailing City:				Mailing 9	Mailing State: Mailing Zip:				
Check one: Mother Father Guardian Stepfather Stepmother Foster Other (specify):													
Parer	nt/Guardian Last Name:	Paren	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 o	r Primary Phone:	Work	Work Phone:										
	(Both parents will ha	ave rights to	Section o full pupil re	3: Secondar ecords unles	r y House l s a court c	nold (i order re	f applicable) evokes those rigl	nts and is on fi	le at the	e school)			
Check	k one: Mother Father	Guardian	Stepfa	ther Ste	pmother	Fo	oster Other	(specify):					
Parent/Guardian Last Name:			Paren	Parent/Guardian First Name:				Email:					
Cell or Primary Phone:				Work Phone:					Employer:				
		Secti	ion 4: Siblir	ng/Others Li	ving in H	ouseh	old Information						
Name	9:	DOB:		Male		elations	ship to Student:	5	School:				
Name	e:	DOB:		Femal Male		lations	ship to Student:		School:				
				Femal	e								
Name): :	DOB:		Male	Re	elations	ship to Student:	5	School:				
Name: DOB:				Female Male			ship to Student:		School:				
				Femal									
1 141-				tion 5: Milita									
	ner parent or guardian on active dut	-		Yes	No	ır	yes, name of par	ent:					
	ner parent or guardian a traditional i				Yes		No						
Is eith	ner parent or guardian a member of	tne Active	Guard/Rese	erve (AGR) u				Guard under	ıtle 32	? Yes	No		
Yes	your child have an Individualized E No		lan (IEP):	Journal V. L		es you	ur child have a 50 No	04 plan?					
If yes	, please indicate primary disability b					Specific Learning							
				th Impairmen		Disability		19		Hearing Im	paired		
	Intellectual Disability		Delay	Development	tal		Orthopedic Im	·		Speech/La	nguage I	mpaired	
	Emotional/Behavioral Disability	1	Traumatic E	Brain Injury		l	Visually Impai	red	1	Other:			

Section 7: Home Language Survey									
Has the student been significantly	Is the student's native langu	age a language other tha	an	Is the primary language used in the student's					
exposed to another language other than	English? Yes	No		home a language other than English?					
English?									
Yes No	If yes, what language?		Yes No						
What languages do you or other parent/gu	ardian use when speaking to y	our Has the student	received En	glish as a Second Language Services or English					
child?		Language Learr							
What is the preferred language for written	communication home?	What is the pref	erred langua	ge for spoken communication home?					
	Title to the prototion language to thinten communication from the prototion language to oponer communication from the								
B		N 1							
Do you want a translator available at school	ol conferences? Yes	No							
	Section	on 8: Digital Equity							
Can the student access the internet on their primary learning device at home? If the student is unable to access internet in their primary place of residence									
		why not?							
Yes No		Not	desired	Not available Not affordable Other					
What is the primary type of internet service	used at the residence?								
Residential Broadband (e.g., DSL, Fixed Wireless, Cable, Fiber) Cellular Network Hot Spot (school provided hot spot or school provided service)									
Satellite Community Provi		Other	None	Unknown					
What device does the student most often u	ise to complete school work at	nome?							
Dookton Computer Lantan Com	nuter Tablet Of	romobook S	tohono	None Other					
Desktop Computer Laptop Com	•		tphone	None Other					
Can the student stream a video on their pr	imary learning device without	vvno provided tr	ie primary lea	arning device to the student?					
interruption?	No	Cahaal	Doroonal	Othor					
Yes Sometimes (not consistently)		School	Personal	Other					
Is the primary learning device shared with	anyone else in the household?	Shared Not S	hared l	Unknown					
	Section 9	9: Medical Conditions							
Medical Conditions (check any/all that app	ly) Diabetes Asthma Eg	oilepsy Heart Disease	ADD/ADH	ID Vision/Hearing Bowel/Bladder Condition					
(,,		,		g					
Other:									
Will your child need to take medication dur	ing school hours? Yes*	No *If yes, a comp	leted prescript	ion or non-prescription authorization form is required					
Medication:		, ,	, ,	, ,					
**Allergies:									
**A child with a food allergy must be provided su	·		t signed by a						
	Name:	Phone:							
Dentist: Dental	Office:	Phone:	Phone: Fax:						
If there is an emergency and we are not all	ole to contact you, may the sch	ool authorities use their	own judgmer	nt in calling for medical assistance?					
Yes No				-					
	Section 10): Emergency Contacts							
(Someone who is able to pick up your child in your absence – must be 18 years old – please list at least two)									
Full Name:	Pho		7 7 00 0 0.0	Relationship to Student:					
				P 11 11 11 11 11 11 11 11 11 11 11 11 11					
				<u> </u>					
		School Information (if							
Last School (or district) attended:	Address:		City, State,	, Zip:					
Phone:	Fax:		Name of C	ounselor and/or Principal:					
				·· · · · · · · · · · · · · · · · · · ·					
	Sect	ion 11: Signature	1						
I agree that the information provided herein is complete and accurate. I understand that this information is being used by the school district for the purposes of									
registering my child. I agree to promptly inform the school district of any changes in this information, including any changes in the residency of my child.									
registering in, since it agree to promptly morn the concert details of any shanges in this morniation, including any changes in the residency of thy child.									
Parent/Guardian Signature: Date:									

For Office use Only:												
School			Student ID		Grade		Start Date		Verified Birth Ce	ert In	Immunization	
TL Elem SC Elem JH HS												
Teacher	ΙΤ	Principal	PR	FRAM	Transportation	Guidance	Kitchen	Sped	Library	Specials	Interventionist	

^{*}The information on this form is used to send automated calls, texts, and email updates to parents/guardians. This includes emergency information such as school closures due to weather etc. If you do not have to receives messages and alerts, please contact the school office for an opt-out form. Also, if you do not want your student's image used in photos or videos in any way, please call the office for a media opt-out form.