

2021-2022 Student Registration Form

For Office Use Only:
Birth Certificate Verified by: _____
School: DN KN OAK RH WAK MS HS

STUDENT – Information (Please Print)

STUDENT LEGAL NAME (Last, First, Middle, Suffix) _____	Desired Start Date (mm/dd/yyyy) _____	Date of Birth (mm/dd/yyyy) _____	Grade _____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthplace _____ <i>City County State</i>
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<p><u>Ethnicity/Race</u> Is this child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White</p>	<p><u>Primary Home Language</u></p> <p><input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Hmong <input type="checkbox"/> Other</p> <p>_____ <i>If other, please write above</i></p>	<p><u>Student Data Directory Information</u> State statute (Wis. Stat § 11.125(1)(b)) allows public requests of student Directory Data Information. You, as the parent/guardian, may choose to allow or deny the release of any, or all of your student's Directory Data Information. Directory data means those pupil records which include the pupil's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, photographs, degrees and awards received and the name of the school most recently previously attended by the pupil.</p> <p><input type="checkbox"/> Allow <input type="checkbox"/> Withhold <u>Military Recruiters</u> <input type="checkbox"/> Allow <input type="checkbox"/> Withhold <u>Institutions of Higher Education</u> <input type="checkbox"/> Allow <input type="checkbox"/> Withhold <u>Public use such as newspapers, social media (i.e. twitter), marketing purposes, and other media</u> <input type="checkbox"/> Allow <input type="checkbox"/> Withhold <u>Local/district use, such as Yearbooks, Photographs, Sports information</u></p>
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<p><u>Parent in Military</u></p> <p>1. Is either parent or guardian on active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is either parent or guardian a traditional member of the Guard or Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is either parent or guardian a member of the Active Guard/Reserve(AGR) under Title 10 or full time National Guard under Title 32? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Student Education History</u> Last school attended:</p> <p>_____ <i>School Name</i></p> <p>_____ <i>Street Address</i></p> <p>_____ <i>City State Zip</i></p> <p>_____ <i>Phone Number</i></p>
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Student Education History Continued...

Is this student attending the School District of the Menomonee Area under Open Enrollment? Yes No If yes, name of home district: _____

Is this student currently under expulsion or awaiting an expulsion hearing? Yes No If yes, from what school and district? _____

Has this student been identified as having an IEP? Yes No If yes, what is your child's special need? _____

Check any concerns you have about this student: Speech Health Behavior Learning Vision/Hearing Dental Other

Are there any court documents you wish to notify the school about? (Example custody) Yes No If yes, a copy of the legal documents is required

HOME LANGUAGE SURVEY	MIGRANT STUDENT SURVEY
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<p>1. What language did the child learn when she or he first began to talk? _____</p> <p>2. What language does the family speak at home most of the time? _____</p> <p>3. What language does the parent(s) speak to her/his child most of the time? _____</p> <p>4. What language does the child speak to her/his parent(s) most of the time? _____</p> <p>5. What language does the child hear and understand in the home? _____</p> <p>6. What language does the child speak to her/his brothers/sisters most of the time? _____</p> <p>7. What language does the child speak to her/his friends most of the time? _____</p> <p>9. Do you request oral and/or written communication from the school to be in English? _____</p> <p>10. Can an adult family member or extended family member speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Can an adult family member or extended family member read English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Number of years the child received formal education outside of the United States? _____</p> <p>13. Number of years the child received formal education within United States? _____</p> <p>14. Number of years the child received formal education in Wisconsin? _____</p>	<p>1. Within the last 3 years, has your child(ren) moved from one school district to another within the United States, with a parent, relative or guardian so that person could look for seasonal or temporary work in agriculture? ___ YES ___ NO If you answered NO, please stop. If you answered YES, please continue.</p> <p>2. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Date: ___/___/___</p> <p>3. Please check any of the agricultural activities listed below that you have looked for or worked in:</p> <p><input type="checkbox"/> Plant or harvest vegetables or fruits / <input type="checkbox"/> Canning vegetables or fruits / <input type="checkbox"/> Detassel corn <input type="checkbox"/> Tobacco farm / <input type="checkbox"/> Planting, pruning or cutting trees / <input type="checkbox"/> Poultry/ or egg farm <input type="checkbox"/> Dairy farm / <input type="checkbox"/> Duck, turkey, chicken, pork or beef processing plant / <input type="checkbox"/> Sod farm <input type="checkbox"/> Flora culture/gladiola farm / <input type="checkbox"/> Aquaculture/fish hatcheries / <input type="checkbox"/> Green house or plant nursery</p>
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Parent/Legal Guardian Signature: _____ Date: ___/___/___

Student Last Name: _____ **Student First Name:** _____ **Student Middle Name:** _____ **Date of Birth:** ____/____/____

STUDENT'S PRIMARY RESIDENCE (A parent's boyfriend/girlfriend or fiancé, living in the same house, is NOT a legal guardian)

Address _____ **Mailing Address (if different)** _____
Address City/State/Zip Code Address City/State/Zip Code

Parent/Guardian 1: _____ **Relationship to Student** _____
Last Name First Name

Primary Phone # (____) _____ Home Cell Secondary Phone # (____) _____ Home Cell Email _____

Employer Name _____ Work # _____ Work Hours/Days _____

Parent/Guardian 2: _____ **Relationship to Student** _____
Last Name First Name

Primary Phone # (____) _____ Home Cell Secondary Phone # (____) _____ Home Cell Email _____

Employer Name: _____ Work #: _____ Work Hours/Days : _____

LIST ALL OTHER CHILDREN (AGE 18 and under) RESIDING AT RESIDENCE ABOVE

Student's LEGAL Name (Last Name, First Name, Middle Name)	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade	School Attending

STUDENT'S SECONDARY RESIDENCE (This section should be completed if both parents do not live in the primary household)

Address _____ **Mailing Address (if different)** _____
Address City/State/Zip Code Address City/State/Zip Code

Parent/Guardian 1: _____ **Relationship to Student** _____
Last Name First Name

Primary Phone # (____) _____ Home Cell Secondary Phone # (____) _____ Home Cell Email _____

Employer Name _____ Work # _____ Work Hours/Days _____

Parent/Guardian 2: _____ **Relationship to Student** _____
Last Name First Name

Primary Phone # (____) _____ Home Cell Secondary Phone # (____) _____ Home Cell Email _____

Employer Name: _____ Work #: _____ Work Hours/Days : _____

Allow Family Access? Yes No **Food Service?** Yes No **Fee Management?** Yes No **Online Registration?** Yes No **Pick Child Up?** Yes No

LIST ALL OTHER CHILDREN (AGE 18 and under) RESIDING AT RESIDENCE ABOVE

Student's LEGAL Name (Last Name, First Name, Middle Name)	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade	School Attending

Student Last Name:

Student First Name:

Student Middle Name:

Date of Birth: ____/____/____

RESIDENCY VERIFICATION STATEMENT

The School District of the Menomonie Area requires that all students attending our schools be bona fide residents of the district. To be a bona fide resident, a student must be living with a parent or legal guardian by court order who is a resident of the district.

At the time of registration, the parent or guardian must provide proof of residency. Registration of a student who is not a resident is a fraudulent act. Any student found to have been fraudulently registered will be removed immediately. Parents or guardians making a fraudulent registration will be charged tuition for the time the child has been in attendance.

I certify that I understand the residency requirements and that I know the penalty for fraudulent registration.

Parent/Legal Guardian Signature: _____

Print Parent/Legal Guardian Name: _____ Date: ____/____/____

EMERGENCY CONTACT INFORMATION (Who can we call or where can we send your child in case of illness (relative, neighbor) if you cannot be reached?)

Emergency Contact: _____ **Relationship to Student** _____

Last Name

First Name

Primary Phone # (____) _____ Home Cell Secondary Phone # (____) _____ Home Cell Work

Emergency Contact: _____ **Relationship to Student** _____

Last Name

First Name

Primary Phone # (____) _____ Home Cell Secondary Phone # (____) _____ Home Cell Work

HEALTH INFORMATION

Physician Name: _____ **Clinic:** _____ **Phone # (____)** _____

Dentist Name: _____ **Clinic:** _____ **Phone # (____)** _____

Health Condition(s): _____

Action Needed: _____

Daily Medication(s): _____

Other family information that the school needs to know? Explain:

I, the undersigned, do hereby authorize officials of the School District of the Menomonie Area to contact directly the persons named on this form, and do authorize the named physicians/dentists to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians or other persons named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I understand that this form will be shared with all school personnel that need to know this information to protect the life and safety of said child.

Parent/Guardian Signature: _____

Date: ____/____/____

REQUEST FOR STUDENT RECORDS

Student's LEGAL Name: _____ **Grade:** _____ **Date of Birth:** _____

The student listed above has enrolled in the **Menomonie Area School District** as of _____
 (Date)

Is this student under a current expulsion order? Yes No (If yes, please send expulsion records ASAP.)

PLEASE FAX or EMAIL:

TRANSCRIPTS, GRADES AND IEP (if applicable) ASAP.

If student is receiving Special Education services, fax/email the latest IEP and Evaluation as soon as possible

Fax: 715-233-3235

Email: nicola_buss@msd.k12.wi.us **OR** marinella_lee@msd.k12.wi.us

Then mail the following records to:

School District of the Menomonie Area-3444
 Administrative Service Center
 215 Pine Ave. NE
 Menomonie, WI 54751

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|---|---|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Psychological Evaluation Reports |
| <input type="checkbox"/> Academic Performance Records | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Special Education Records | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Standardized Test Results | <input type="checkbox"/> Medication Orders / Plans |

*** ----- **Below is the only section to be completed by parents/guardian** ----- ***

Last School of Attendance:

(District Name)

(School of Attendance)

(Address, City, State, Zip Code)

(Fax Number)

Signature of Parent/Guardian

Date