

FOND DU LAC SCHOOL DISTRICT PUPIL REGISTRATION FORM 2018-2019

(One registration form per student)

Student Information:	Birth Certificate Verified By: _____
First day of attendance: _____	School: _____
Name _____ / _____ / _____ <small style="display: flex; justify-content: space-between; font-size: small;">Last First Middle</small>	
Birth date _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Grade _____	
Birthplace _____ <small style="display: flex; justify-content: space-between; font-size: small;">City State Country</small>	

Ethnicity/Race: (Both Parts MUST be Completed)

Part 1: Is the student's ethnicity:	Part 2: Choose 1 or more to indicate student's race:	Parent Refused to Disclose?
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Yes Verified By: _____ Date: _____

Primary home language is: _____ E-Mail _____

Previous School Name & Address: _____
Name City State

Parents/Guardians of child at SAME ADDRESS as student listed above: (only list individuals to be included on student's record) Check one: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Other _____		
Name _____ / _____ / _____ <small style="display: flex; justify-content: space-between; font-size: small;">Last First Middle</small>		
Home Phone _____ Cell Phone _____ Work Phone _____		
Address _____ <small style="display: flex; justify-content: space-between; font-size: small;">Street Address City/State/Zip Code</small>		
Check one: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Other _____		
Name _____ / _____ / _____ <small style="display: flex; justify-content: space-between; font-size: small;">Last First Middle</small>		
Home Phone _____ Cell Phone _____ Work Phone _____		
Was this the same address you resided at last school year? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Parents/Guardians of child at DIFFERENT ADDRESS from student listed above: (only list individuals to be included on student's record) Check one: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Other _____		
Name _____ / _____ / _____ <small style="display: flex; justify-content: space-between; font-size: small;">Last First Middle</small>		
Home Phone _____ Cell Phone _____ Work Phone _____		
Address _____ E-Mail _____ <small style="display: flex; justify-content: space-between; font-size: small;">Street Address City/State/Zip Code</small>		
Check one: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Other _____		
Name _____ / _____ / _____ <small style="display: flex; justify-content: space-between; font-size: small;">Last First Middle</small>		
Home Phone _____ Cell Phone _____ Work Phone _____		

CUSTODY ARRANGEMENTS: *If there are custody arrangements which might involve school, please give us the necessary information in writing and provide copies of any legal documentation.*

Does your child have health concerns? Yes No If Yes, please list concerns_____

Has this student been identified as having a need for special education programs or services? Yes No

If Yes, please list special needs: _____ Do they have an IEP? Yes No

Does your child have a 504 plan? Yes No

Has student been expelled from another school district? Yes No

If Yes, name of school and year _____

Other Children living at SAME address as student listed on reverse (Census Data)

Other children in the home, newborn – age 21

Child's Name (Last, First Middle)	Date of Birth	Male/Female	Grade	School attending

I certify that the information entered on this form is complete and correct.

Signature _____
Signature of Parent/Guardian is required

Date _____

Students to be Featured by the News Media

If for any reason you do not wish to have your son or daughter featured by the media or on the school's website, please indicate your preference through your Skyward Family Access account. Instructions are available at www.fonddulac.k12.wi.us under Parents ⇨ Family Access ⇨ Directory Data Pref.pdf.

More information on directory data is available at:
<http://www.fonddulac.k12.wi.us/uploads/Student-Records-LN.pdf>

For Office Use Only:

EC Site: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	EC Teacher _____	EC Start Date _____
Days Program is in Session: _____		
Is this student in another program in our District, such as 4K? _____		

For Office Use Only:

<input type="checkbox"/> Check here if student is enrolling in one of the following programs (circle one):
EC AM EC PM ITINERANT SPEECH PHONOLOGY CESA
HIGH SCHOOL: EVENING ACE FAP FCA FH1 FH2 GEDO FONDY CENTRAL (GHA) FYA FYO JAIL YAN
OTHER _____