

# OCONTO FALLS AREA SCHOOLS ENROLLMENT/REGISTRATION FORM

*(For Office Use Only)* Oconto Falls Elementary \_\_\_\_\_ Abrams Elementary \_\_\_\_\_  
Washington Middle School \_\_\_\_\_ High School \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

**Student:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Bus Rider:** \_\_\_\_\_  
SSN: \_\_\_\_\_ Miles from School: \_\_\_\_\_

**Birth City/County/State** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Town/City/Township of:** \_\_\_\_\_

**Ethnicity:** *Is student Hispanic or Latino?* \_\_\_ No, not Hispanic or Latino \_\_\_ Yes, Hispanic or Latino  
**Federal Race:** *Check all that apply for your student:* \_\_\_ Am. Indian or Alaska Native \_\_\_ Asian \_\_\_ Black or African American  
\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ White

**Student lives with:**  Both Parents  Mother  Father  Guardian  Other: \_\_\_\_\_

Primary Parent/Guardian:			
<b>Name:</b> _____ <b>Relationship:</b> _____	<b>Name:</b> _____ <b>Relationship:</b> _____		
<b>Address:</b> Same as above.	<b>Address:</b> Same as above.		
<b>Phone #:</b> _____ Home _____ Work _____ Cell	<b>Phone #:</b> _____ Home _____ Work _____ Cell		
<b>Email Address:</b> _____	<b>Email Address:</b> _____		
<b>Employer:</b> _____	<b>Employer:</b> _____		

**Marital Status:** \_\_\_\_\_ (M-Married, D-Divorced, S-Single)

Secondary Parent/Guardian:			
<b>Name:</b> _____ <b>Relationship:</b> _____	<b>Name:</b> _____ <b>Relationship:</b> _____		
<b>Address:</b> _____	<b>Address:</b> _____		
<b>Phone #:</b> _____ Home _____ Work _____ Cell	<b>Phone #:</b> _____ Home _____ Work _____ Cell		
<b>Should Second Parent/Guardian receive report cards? Yes No</b>			

*If divorced or separated, please state any special circumstances relating to the custody of your child:* \_\_\_\_\_

**Household members not listed above, starting with oldest:**

Name (First & Last)	Sex	Birthday	School/Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please Note:** Make sure all adults in the household (that will take responsibility for your child's welfare) are listed somewhere on this form. **Brothers** and **sisters** are not automatically authorized to pick up your child from school. **You must call ahead of time or list them.**

BUSING INFORMATION	
Pick-up address _____	
Drop-off address _____	

**CONTINUED  
ON REVERSE  
SIDE**

4/18/2012

The Oconto Falls School District shall not discriminate on the basis of race, religion, creed, political affiliation, physical, mental, emotional, or learning disabilities, handicap, gender, gender orientation, age, national origin, citizenship, marital, parental or pregnancy status, ancestry, color, or any other reason prohibited by state or federal law.

## EMERGENCY / HEALTH HISTORY

Child's Name \_\_\_\_\_

### EMERGENCY CONTACTS: *(Someone other than yourself who can pick up your child if needed.)*

<b>1st Person to Call:</b> Name: _____  Phone #: _____ Home _____ Work _____ Cell  Relationship to Student: _____	<b>2nd Person to Call:</b> Name: _____  Phone #: _____ Home _____ Work _____ Cell  Relationship to Student: _____
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<b>3rd Person to Call:</b> Name: _____  Phone #: _____ Home _____ Work _____ Cell  Relationship to Student: _____	<b>4th Person to Call:</b> Name: _____  Phone #: _____ Home _____ Work _____ Cell  Relationship to Student: _____
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Physician's Name: _____	Physician's Phone #: _____
Preferred Hospital: _____	

Medical Alerts/Allergies:   Yes   No   Please describe: \_\_\_\_\_

Daily Medications?   Yes   No   Name of Medication: \_\_\_\_\_

*If emergency treatment is required and the parent/guardian cannot be reached, school authorities will use their best judgment in seeking emergency care.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*Please note: The school can no longer administer "school supplied" Tylenol, ibuprofen, etc.*

<b><u>Other Important Information:</u></b>	
School and grade child previously attended: _____	
Address: _____	
Does your child have any Special Education needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever been in an At-Risk Program at another school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child need to be scheduled for any of the following? <input type="checkbox"/> Band <input type="checkbox"/> Choir <input type="checkbox"/> Advanced Math	

WASHINGTON MIDDLE SCHOOL

102 South Washington Street - Oconto Falls, WI 54154-1468

(920) 848-4463 - FAX: (920) 848-4453

Stephanie S. Landreman, Principal

PERMISSION TO RELEASE RECORDS

DATE: \_\_\_\_\_

I hereby authorize

\_\_\_\_\_ School District/Name of School - from which you are transferring.

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

to release records for the student listed below who has enrolled at Washington Middle School:

\_\_\_\_\_ Name of Student

\_\_\_\_\_ Birthdate

\_\_\_\_\_ Grade

PROGRESS RECORDS (Should be sent to Guidance Department, Washington Middle School, 102 S. Washington Street, Oconto Falls, WI 54154)

- \_\_\_\_\_ Statement of courses taken
\_\_\_\_\_ Grades (Both previous and to date of withdrawal)
\_\_\_\_\_ Attendance record
\_\_\_\_\_ Health and medical records/immunizations
\_\_\_\_\_ Standardized, group, aptitude and achievement tests
\_\_\_\_\_ WIAA Physical Form
\_\_\_\_\_ Statement of extracurricular activities
\_\_\_\_\_ ALL OF THE ABOVE RECORDS

SPECIAL EDUCATION RECORDS (Should be sent to Mrs. Terri Olsen, Director of Special Education, 210 N. Farm Road, P.O. Box 988, Oconto Falls, WI 54154)

\_\_\_\_\_ All Individualized Education Program forms including original Parent Consent to Place

\_\_\_\_\_ All Psychological/Achievement/Behavioral Assessments

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ ALL OF THE ABOVE RECORDS

\_\_\_\_\_ Relationship to Student