

School District of West Salem

TROY M. GUNDERSON, Superintendent
 405 East Hamlin Street, West Salem, Wisconsin 54669
 (608) 786-0700



Student's Full Name: _____ Date of Birth: _____
(Last) (First) (MI)

Mailing Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Gender: _____ Native Language: _____ Grade: _____

PLEASE NOTE: You must select **both** an ethnic category and a federal race

Ethnic Category: Hispanic/Latino Not Hispanic/Latino Student's Birth City: _____

Federal Race: American Indian/Alaskan Native Birth State: _____

Asian Black/African American White Birth Country: _____

Native Hawaiian/Other Pacific Islander

Is student open enrolled to West Salem from another district? ___ Yes ___ No

Will student be riding bus? ___ Yes ___ No

Student resides with: (please specify): mother, father, step-mother, step-father, grandparent, other: _____

**** Please note any restrictions on visits, contact, etc. in the Additional Information space provided on the REVERSE SIDE of this form.****

| | |
|----------------------------|----------------------------|
| Mother: | Father: |
| Address: | Address: |
| Primary Phone: | Primary Phone: |
| Work Phone: | Work Phone: |
| Cell Phone: | Cell Phone: |
| Employer: | Employer: |
| Email: | Email: |
| Has Custody: YES NO SHARED | Has Custody: YES NO SHARED |
| Receives Mailings YES NO | Receives Mailings YES NO |

| | |
|----------------------|----------------------|
| Step-Parent: | Step-Parent: |
| Relation to Student: | Relation to Student: |
| Address: | Address: |
| Primary Phone: | Primary Phone: |
| Work Phone: | Work Phone: |
| Cell Phone: | Cell Phone: |
| Employer: | Employer: |

List school aged siblings and grades: _____

List name, relationship and phone number of person(s) ***other than those listed above*** who will assume temporary care of your son/daughter in an emergency if you cannot be reached:

#1: _____ Relation: _____ Phone: _____

#2: _____ Relation: _____ Phone: _____

In the event of early dismissal, my child should: _____



Student's Full Name: _____

For students **NEW** to our district:

School last attended: _____

Address: _____

City, State, Zip: _____

Phone/Fax No: _____

IF YOUR CHILD HAS BEEN EXPELLED OR REFERRED FOR EXPULSION IN A PREVIOUS DISTRICT, IT IS YOUR OBLIGATION TO INFORM OUR BUILDING PRINCIPAL OF THIS UPON REGISTRATION.

THANK YOU

PLEASE LIST ANY HEALTH CONDITIONS INCLUDING PRESCRIBED MEDICATIONS AND AMOUNTS TAKEN:

(e.g. diabetes/heart/asthma/ADHD/seizures/etc.)

My child carries an inhaler to use as needed for asthma

YES

NO

Family Physician/Clinic: _____ Phone: _____

Family Dentist/Clinic: _____ Phone: _____

Hospital: _____ Phone: _____

ALL INFORMATION MAY BE RELEASED TO SCHOOL PERSONNEL ON A NEED-TO-KNOW BASIS.

****Our child has special needs (check all that apply)

Speech Emotional Behavioral Disability

Autism Behavior Plan

Occupational Therapy Cognitive Disability

Physical Therapy Learning Disability

Title-Math Title-Reading

Gifted & Talented (describe) _____

Nursing/Health needs (describe) _____

Other: _____

Additional Information regarding your child: _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make emergency care decisions for my child in his/her best interest.

Signature Parent/Guardian: _____ **Date:** _____

The West Salem School District does not deny admission, participation, or benefits in any curricular, extracurricular, pupil services, recreational or other program or activity because of the person's sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability. Persons with disabilities who require alternative means for communication or program information (Braille, large print, audiotape, etc.) should contact the Pupil Services Director at (608) 786-0700 to file a request. To file a complaint of discrimination write to the Pupil Services Director and Title IX Coordinator at 405 East Hamlin Street, West Salem WI 54669 or call (608)786-0700. The West Salem School District is an equal opportunity provider and employer.