

# 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 Name (including any former last names used)      First Name      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 America     White      Birth County: \_\_\_\_\_

Native Hawaiian/Other Pacific Islander      Birth Country: \_\_\_\_\_

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: \_\_\_\_\_

Do you..... Rent     Own     Live with family or friend/doubled up

Is either parent or guardian on active duty in the military?  Yes     No

Is either parent or guardian a traditional member of the Guard or Reserve?  Yes     No

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?  Yes     No

**\*\* 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    Both	Has Custody:    Yes    No    Both

Step-Parent:	Step-Parent:
Address:	Address:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
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: \_\_\_\_\_

Has student attended a Wisconsin Public School prior to enrolling in School District of West Salem <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of district: _____	
*****	
School last attended: _____	If your child has been <b>EXPELLED</b> or referred for <b>EXPULSION</b> in a previous district, it is your obligation to inform our district office of this upon registration. <b>THANK YOU+</b>
Address: _____	
City, State, Zip: _____	
Phone/Fax No: _____	

<b>PLEASE LIST ANY HEALTH CONDITIONS INCLUDING PRESCRIBED MEDICATIONS AND AMOUNTS TAKEN:</b> (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)	
<input type="checkbox"/> Speech	<input type="checkbox"/> Emotional Behavioral Disability
<input type="checkbox"/> Autism	<input type="checkbox"/> Behavior Plan
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Title-Math	<input type="checkbox"/> Title-Reading
<input type="checkbox"/> Nursing/Health needs (describe) _____	
<input type="checkbox"/> Other: _____	
_____	

Additional Information regarding your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>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.</b>	
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.