

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 American White Birth County: _____

 Native Hawaiian/Other Pacific Islander Birth Country: _____

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

 Will the student be riding the 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 the student attended a Wisconsin Public School prior to enrolling in the School District of West Salem? Yes No

If yes, name of district: _____

School last attended: _____ If your child has been **EXPELLED** or referred for

Address: _____ **EXPULSION** in a previous district, it is your obligation to

City, State, Zip: _____ inform our district office of this upon registration.

Phone/Fax No: _____ **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 Intellectual Disability

Physical Therapy Learning Disability

Title-Math Title-Reading

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: _____

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