

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 EXPELLED or referred for EXPULSION in a previous district, it is your obligation to inform our district office of this upon registration. THANK YOU+
Address: _____	
City, State, Zip: _____	
Phone/Fax No: _____	

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)	
<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: _____

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.