



SCHOOL DISTRICT OF WEST SALEM

SERVE WITH PASSION TO IGNITE CREATIVITY, INNOVATION, AND EXCELLENCE

Student's Full Name : _____ Gender: _____ DOB: _____
Last (Include any former last names used) First MI

Mailing Address: _____ Grade: _____
Street City State Zip

Birth City: _____ Birth State: _____ Birth Country: _____ Birth County: _____

Native Language: _____

ETHNICITY Hispanic/Latino Yes No

FEDERAL RACE Select ALL that apply

- American Indian or Alaskan Native *Tribal Affiliation _____
- Native Hawaiian or other Pacific Islander White Asian Black or African American

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

Will the student be riding the bus? Yes No

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

Student resides with: mother father step-mother step-father grandparent, other: _____

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

PRIMARY HOUSEHOLD Primary Legal Guardian(s)

Address: _____

Parent 1: _____ Relationship: _____ Custody: Yes No

Email: _____ Cell Phone: _____ Home Phone: _____

Employer: _____ Employer Phone: _____

Parent 2: _____ Relationship: _____ Custody: Yes No

Email: _____ Cell Phone: _____ Home Phone: _____

Employer: _____ Employer Phone: _____

SECONDARY HOUSEHOLD Secondary Legal Guardian(s)

Address: _____

Parent 1: _____ Relationship: _____ Custody: Yes No

Email: _____ Cell Phone: _____ Home Phone: _____

Employer: _____ Employer Phone: _____

Parent 2: _____ Relationship: _____ Custody: Yes No

Email: _____ Cell Phone: _____ Home Phone: _____

Employer: _____ Employer Phone: _____

Please list all family members-NAME, GRADE, DOB- in the home 18 years and younger:

Has this student attended a Wisconsin Public School prior to enrolling in the School District of West Salem? Yes No

If yes, what is the name of the school district? _____

School last attended: _____

If your child has been EXPELLED or referred for EXPULSION in a

Address: _____

previous district, it is your obligation to inform our district office of this

City State Zip: _____

upon registration. Thank you.

EMERGENCY CONTACTS

List name, relationship and phone number of person(s) other than the primary guardians, who will assume temporary care of your child in an emergency if you cannot be reached.

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

LIST ANY HEALTH CONDITIONS INCLUDING PRESCRIBED MEDICATIONS AND AMOUNTS TAKEN

My child carries an inhaler to use as needed for asthma Yes No

Family Physician/Clinic: _____ Phone: _____

Family Dentist/Clinic: _____ Phone: _____

Family Hospital: _____ Phone: _____

SPECIALIZED PROGRAMS Check any that apply

- Special Education/Individualized Education Program (IEP) English Language Learner 504 Plan Other

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

In case of an accident or serious injury, 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 OF PARENT OR GUARDIAN: _____ **DATE:** _____

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