

CAMPBELLSPORT SCHOOL DISTRICT – STUDENT ENROLLMENT FORM

school year _____ to _____

BIRTH CERTIFICATE, PROOF OF RESIDENCY AND IMMUNIZATIONS ARE REQUIRED FOR ENROLLMENT

Please print legibly on both sides.

SCHOOL: (based on home address)					OFFICE USE ONLY: CES EES
GRADE _____					
EC/4K TIME PREFERENCE	AM	PM			
MIDDLE SCHOOL	6	7	8		
HIGH SCHOOL	9	10	11	12	start date _____

Student's full LEGAL name _____

Date of Birth _____ age as of Sept. 1 _____ Male _____ Female _____

Previous School _____ Phone # _____ Fax # _____

Previous school address _____

Is your child currently enrolled in a special education program? YES _____ NO _____ What program? _____

Does your child have a current IEP? YES _____ NO _____

Has your child ever been enrolled in a special program (math, reading, Title I, ELL, etc.) YES _____ NO _____ Which one? _____

Has your child ever been expelled from any school? YES _____ NO _____ Which one? _____

Does your child have any disciplinary proceedings in any school district that could lead to expulsion? YES _____ NO _____ Explain _____

Ethnic Background (required by the Federal govt. and WI Dept. of Public Instruction). **Must answer both questions.**

1. Is this student Hispanic or Latino: No, not Hispanic or Latino _____ Yes, Hispanic or Latino _____

2. Check at least one or more of the following: American Indian/Alaska Native _____ Asian _____
 Black/African American _____ Native Hawaiian/other Pacific Islander _____ White _____

Was your child born in the United States? YES _____ NO _____ If no, how many academic school years has your child attended school in the United States? _____

STUDENT'S BIRTHPLACE:

City _____ County _____ State _____ Country _____

FIRST FAMILY/HEAD OF HOUSEHOLD:

Legal name _____
first middle last

relationship to student _____

Street address _____ city/state _____ zip _____ PO Box # _____

Township _____ Will student be riding the bus? YES _____ NO _____

Email address for school notifications _____

Phone number to use for school notifications _____

Other phone numbers: home _____ cell _____ work _____

Spouse's legal name _____
first middle last

relationship to student _____

Phone numbers: cell _____ work _____

Other parent information not at same address listed on the front:

Legal Name _____	Legal Name _____
relationship to student: _____	relationship to student: _____
_____	_____
address _____	address _____
Email _____	Email _____
Home phone _____	Home phone _____
Cell phone _____	Cell Phone _____
Work phone _____	Work Phone _____

THE DISTRICT WILL OBSERVE ANY RESTRICTIONS AS TO CUSTODY AND PHYSICAL PLACEMENT AS REQUIRED BY A COURT ORDER, PROVIDED THAT WE HAVE BEEN GIVEN A COPY OF SUCH ORDER.

STUDENT'S DOCTOR (full name) _____	PHONE NUMBER _____
EMERGENCY CONTACTS (up to 3):	
1. _____	phone _____
Relationship to student _____	
_____	_____
Address _____	city/state _____ zip _____
2. _____	phone _____
Relationship to student _____	
_____	_____
Address _____	city/state _____ zip _____
3. _____	phone _____
Relationship to student _____	
_____	_____
Address _____	city/state _____ zip _____
Medical information/allergies _____	

Please list ALL children who are living in the SAME HOUSEHOLD under the age of 21:

NAME	BIRTHDATE	AGE	GENDER	GRADE	SCHOOL ATTENDING

PLEASE NOTE: site assignments will be based on place of residence, date of registration, and other special considerations if applicable. Transportation will only be available within your public school attendance area.