

SOUTH MILWAUKEE SCHOOL DISTRICT
ENROLLMENT INFORMATION
2017-2018

PLEASE PRINT LEGIBLY

Grade Student ID
Entrance Date
B/C Immunizations
Proof of Residence

STUDENT INFORMATION

Student's Given Name LAST FIRST MIDDLE Grade

Home Address City Zip

Mailing Address (if different than home address) City Zip

Birth Date Male Female

Student Ethnic Group (Must select one from both sections below)(This information is necessary for State and Federal Reporting):

Must Select One: Hispanic or Latino Not Hispanic or Latino

Must Select One: White; Black; Asian; Indian/Alaska Native; Native Hawaiian/Pacific Islander

Does this student have other siblings in district? Yes No If yes, please list on next page.

Home or Main Cell Phone Number

(THIS NUMBER SHOULD BE THE SAME FOR ALL SIBLINGS) You will receive important school announcements about events and school closings on the phone number listed here. Please check this box if you DO NOT consent to receive these announcements.

PRIMARY CUSTODIAL/GUARDIAN INFORMATION (Family Student Lives With Majority of the Time)

Child lives with: Both Parents Shared Custody Father Only Mother Only Other

Parent/Guardian #1 Name LAST FIRST Relationship

Work Number Cell Number

Email Address Employer

Parent/Guardian #2 Name LAST FIRST Relationship

Work Number Cell Number

Email Address Employer

If child resides with one parent, are there any custody considerations that the school should be aware of? Yes No

If yes please explain:

SECONDARY GUARDIAN INFORMATION

Name Relationship

Address City State Zip

Home Number

Work Number RECEIVE ADDITIONAL MAILING: YES NO

Cell Number

Email Address Employer

Name Relationship

Address City State Zip

Home Number

Work Number RECEIVE ADDITIONAL MAILING: YES NO

Cell Number

Email Address Employer

Student Name _____

Previous School _____

Address _____

City _____ State _____ Zip _____ Telephone Number _____

Has your child been previously retained? _____ If yes, at what grade(s)? _____

PLACE OF BIRTH: If not born in USA, provide country _____ First date entered in U.S. school: _____

SPECIAL EDUCATION INFORMATION

Has this student ever been evaluated for a special education program before coming to South Milwaukee Schools? ___Yes ___No

Has this student ever been in a special education program before coming to South Milwaukee Schools? ___Yes ___No

If Yes, does this student have a current Individual Education Program (IEP)? ___Yes ___No

Does this student have a current Section 504 Plan? ___Yes ___No

Has your child ever been expelled? ___Yes ___No If yes, from what school and district? _____

EMERGENCY AND EARLY EMERGENCY RELEASE INFORMATION

In the event your child becomes ill or injured at school, please list the people in the order you want them contacted: It is very important that this information is correct and up to date. Students will not be released from school without some contact being made. There may be times throughout the school year that it is necessary to close school early due to weather or other emergencies. The school will not be able to contact every parent in these instances; instead the media will be used to indicate that students are going home and the parent/guardian needs to contact someone to pick up their student. Students will be in a safe, secure location until a parent, guardian or designated individual comes to pick them up.

We will call the parent first. Please list five names, addresses, and phone numbers of *local* individuals that are authorized by you to immediately pick up your child(ren) in case of an emergency and we are unable to reach you.

	<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>Work Phone</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Will your child be allowed to walk home alone, without an adult, if school is closed early? ___YES ___NO

If your child drives a car to school, will they be allowed to drive home alone? ___N/A ___YES ___NO

Will your child be allowed to leave with a friend who drives a car to school? ___N/A ___YES ___NO

HOME LANGUAGE SURVEY In what language would you prefer to get information from the school? _____

What language(s) is (are) spoken in your home? _____

Which language did your child learn first? _____

Which language does your child use most frequently at home? _____

Which language do you most frequently speak to your child? _____

Please list any other siblings in the District.

Name	Grade	School
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Student Name _____

MEDICAL EMERGENCY INFORMATION

In the event your child meets with a serious accident and you cannot be reached, may we have your child transported by ambulance to St. Luke's South Shore Hospital? Yes _____ No _____

I give my authorization to the principal or designee to assist my child's case in the event of injury.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

If No, please name the doctor and hospital of your choice.

Doctor _____ Phone _____ Hospital _____ Phone _____

MEDICAL ALERT INFORMATION

HISTORY OF:	NO	YES
Asthma		
Seizures/Convulsions		
Diabetes		
Allergies (Food, medication, latex, etc.)		
Heart Problem		
Vision Problem		
Hearing Problem		

Asthma Medication _____ Comments _____ _____ Seizure/Convulsion Medication _____ Comments _____ _____ Diabetes Medication _____ Comments _____ _____ Allergy Information _____ _____ Wears Glasses: Yes _____ No _____ Special Needs? _____ Wears Aides: Yes _____ No _____ Special Needs? _____
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OTHER

Please indicate any other comments/considerations you would like the school to be aware of: _____

The School District and South Milwaukee Health Department share immunization information through Powerschool and the Wisconsin Immunization Registry (WIR). In addition, general communicable diseases information may be shared in accordance with WI State Statutes, as well as other health information such as vision and hearing screening, asthma, etc. Please submit a statement in writing if you do not want your child's information to be shared in this manner.

The School District of South Milwaukee is committed to providing equal educational opportunities for all district students and to provide a learning and working environment free of discrimination based on a protected class of sex, race, religion, national origin, color, ancestry, creed, pregnancy, marital or parental status, sexual orientation, gender identity, or physical, mental, emotional, or learning disability or handicap. No student may be denied admission to any school in this district or be denied participation in, be denied the benefits of, or be discriminated against in any curricular, extracurricular, student services, recreational, or other programs or activities on the basis of the protected classes listed above.

WALKING FIELD TRIP RELEASE

During the year, your child's class may go on short walking trips during school time. This is done as part of the regular school curriculum in order to provide your child with more enriched learning experiences. When the class leaves school grounds, it will be under the supervision & direction of the teacher the same as in school. Please sign the permission slip below. When your child's teacher plans a walking trip, you will be notified where and when the class is going before they make the trip.

I hereby give permission for my child _____ to go with his/her class on planned walking field trips during the 2017-18 school year. I understand that my child will be properly supervised and that I will be notified of all trips. In granting permission, I hereby release the school from all liability for injury or damage loss other than that which is prescribed by law. I further agree that if my son/daughter receives medical treatment and/or is hospitalized, his/her name shall be released to school district officials upon their request.

All of the information on this form is true and correct.

PARENT/GUARDIAN SIGNATURE

DATE

Student Name _____

School District of South Milwaukee

STUDENT/FAMILY RESIDENCE QUESTIONNAIRE

Your child may be eligible for additional educational services. Eligibility can be determined by completing this questionnaire. DO NOT return this form if you do not check any box in Section 1.

1. Presently, are you and/or your family living in any of the following situations? Check all that apply.	
<input type="checkbox"/>	A. Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer.
<input type="checkbox"/>	B. Sharing the housing of others due to loss of housing, economic hardship or similar reason.
<input type="checkbox"/>	C. Living in a car, park campground, abandoned building, or other inadequate accommodations.
<input type="checkbox"/>	D. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
<input type="checkbox"/>	E. A student living without a parent or legal guardian (unaccompanied youth).
If you checked any box above please complete the remainder of this form and return it with enrollment forms. If you did not check any box above, you do not need to complete or submit this form.	

2. Please list all children currently living with you.						
First	Middle	Last	M/F	Birthdate	Grade	School Name

The undersigned parent/guardian/unaccompanied youth certifies that the above information is accurate.

Print Parent/Guardian/Unaccompanied Youth Name				Signature		Date
Phone Number		Street Address		City	State	Zip Code

Your children have the right to:

- Continue to attend school in the school attended before you became homeless (school of origin)
- Receive transportation to the school of origin
- Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents required for enrollment
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Have enrollment disputes quickly addressed

The McKinney-Vento Homeless Education Assistance Act and the SDSM School Board Policy 427 ensure the educational rights above for students who are homeless. If you wish to have a copy of this document, please ask the staff person helping you today to make one.

- SDSM staff receiving this form: _____
Name Date

Copies to: Pupil Services Office; School Office

Updated: May 2016

