

MCFARLAND SCHOOL DISTRICT STUDENT ENROLLMENT FORM

Para obtener una versión en español de este documento, por favor llame al 838-4512

The McFarland School District does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, pregnancy, marital status, parental status, sexual orientation, sex, including transgender status, change of sex or gender identity, English language proficiency, age, military status, or physical, mental, emotional, or learning disability in any of its student programs and activities.

STUDENT INFORMATION

Student ID# _____ First Day of Class ____/____/____

Legal Last Name		Legal First Name		Legal Middle Name		Suffix	Name used if different from legal name		Gender M F	
Date of Birth	Birth City	Birth County	Birth State	Birth Country if outside USA			Grade Entering 2018-2019	Household Phone ()		

Race/Ethnicity: Is the individual Hispanic/Latino? (Choose one)

No, not Hispanic or Latino
 Yes, Hispanic or Latino

Is the individual from one or more of these races? (Choose one or more. You must select at least one)

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Enrollment History: New Enrollment Open Enrollment Has your student ever attended McFarland School District? Yes No When? Grade _____ Year _____

Entering From: First Year of School WI Public WI Private Out of State Home-based Out of Country

Previous School Attended _____ Phone Number () _____

Address of Previous School _____ City _____ State _____ Zip _____

HOUSEHOLD INFORMATION

Student lives with (Circle one) Both Parents Both Parents Alternately Parent/Step-Parent Mother Only Father Only Legal Guardian Foster Home Other _____

Court Ordered Custody Yes No If yes, Court Order MUST be on file in the school office to implement the court order.

Household Information	Parent/Guardian Household Information Last Name, First Name – Relationship	Parent/Guardian Household Information Last Name, First Name - Relationship	Secondary Parent/Guardian Household Information Last Name, First Name - Relationship (if applicable)
Household Address			
Household Mailing Address			
City, State, Zip			
Receive Mailings	Yes No	Yes No	Yes No
Email Address			
Telephone Home/Cell/Work	Home () Cell () Work ()	Home () Cell () Work ()	Home () Cell () Work ()

SIBLING INFORMATION

Last Name	First Name	Date of Birth	Age	Grade	Gender	School Currently Attending
Last Name	First Name	Date of Birth	Age	Grade	Gender	School Currently Attending
Last Name	First Name	Date of Birth	Age	Grade	Gender	School Currently Attending
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EMERGENCY/HEALTH INFORMATION

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Parents are always the Primary Contact, However, if a parent cannot be reached, please list additional contacts:

1 st Contact Name – Local Preferred	Home Phone	Work Phone	Cell Phone	Relationship
2 nd Contact Name – Local Preferred	Home Phone	Work Phone	Cell Phone	Relationship
Physician Name	Clinic Name	Phone	Hospital Name	Phone

In case of emergency, and parent(s) cannot be reached, does the school have permission to contact a doctor? Yes No

Does student have: ADD/ADHD Depression Epilepsy Allergy Asthma Diabetes Life Threatening Condition _____ Other _____

Is student under medical supervision and/or on medication? Yes No If yes, describe _____

LANGUAGE SURVEY

Language most often spoken at home? _____ If other than English, complete the Home Language Survey (found in packet or from school office)
 First language your child began to speak? _____ Has your child been enrolled at least 3 consecutive years in a US school? Yes No
 Has your child previously been in an ESL/ELL program? Yes No Is an interpreter required for communication? Yes No

SPECIAL NEEDS

Has your child ever received Special Education services? Yes No
 Does your child currently have an IEP? Yes No
 Does your child currently have a 504 Plan? Yes No

EXPULSION

Has student been expelled or in the process of being expelled from another district? Yes No If yes, District _____ Reason _____

DISCLOSURE

- **Directory Data:** "Directory Data" means those student records which include the student's Wisconsin Student Number (WSN), name, address, telephone listing, electronic mail address, photograph, date and place of birth, major field of study, dates of attendance, grade level, enrollment status, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors and awards received and the most recent education agency or institution attended, parent names and block or homeroom teacher. Publishable unless notified in writing by Parent/Legal Guardian within fourteen (14) days of registration.
- **Student Directory:** Student directories are published and distributed to families to facilitate communication between students, parents and staff. Any other use is prohibited. Publishable unless notified in writing by the parent/legal guardian within fourteen (14) days of registration.
- **Health Information:** Your signature grants permission for the health information to be shared and the contacts listed to remove your child from school if needed for illness or injury. You may also give permission on the day of incident for others to remove child.
- **Military Recruiters:** The Family Education Rights and Privacy Act (FERPA), a Federal Law, requires school districts to comply with requests of military recruiters or institutions of higher education for secondary student's names, addresses and telephone numbers. Publishable unless notified in writing by the parent/legal guardian within fourteen (14) days of registration.
- **Expulsions:** I hereby certify that the child listed above has not been expelled from and is not the subject of any pending expulsion proceedings in another school district unless disclosed above.

Has either parent/guardian ever been enrolled in the McFarland School District? Yes No

If yes, what was the Student Enrollment Name? _____

I agree that the information provided herein is complete and accurate. I understand that this information is being used by the school district for the purposes of enrolling my child. I understand that incomplete or inaccurate information may delay, prevent or invalidate my child's enrollment in school. I agree to promptly inform the school district of any changes in this information, including any changes in the residency of my child.

Parent/Guardian Signature Required _____ Date Signed _____

FOR OFFICE USE ONLY:

Accepted by: _____ Proof of Residency _____ Type _____ Birth Certificate _____ Language Survey Completed _____ Access Date _____