

**Kewaunee School District
Enrollment/Emergency Information Form**

Student Name: _____ Preferred name: _____ School Year: _____
(Last, First Full Middle Name)

Mailing Address: _____ Date of Birth: ____/____/____ Gender: Male Female

City: _____ State _____ Zip _____ City/State of Birth: _____

Phone Number: _____ Social Security Number (*Optional): ____/____/____

Ethnicity

Is this student Hispanic/Latino?

_____ No

_____ Yes, Hispanic/Latino – (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

**This question is about ethnicity, not race. Regardless of what you selected here, please indicate what race you consider your student in the next question. Both Ethnicity and Race must be completed. You are encouraged to answer for both parts. If either is not answered the U.S. Department of Education requires that the school district supply an answer on your behalf.*

Student's Race (check ALL that apply):

_____ American Indian, Alaskan Native _____ African American _____ Hispanic/Latino
_____ Asian American _____ White/Non-Hispanic _____ Native Hawaiian/Other Pacific Islander

Primary Household Information (where student resides)

Student lives with (please check **one**)

- Both parents Mother Only Mother/Step-father Father Only Father/Step-mother Grandparent(s)
 Guardian(s)

If the student does not reside with both parents, would both parents like to receive all school mailings: _____ **Yes** _____ **No**

Family Information (You may leave the address and phone number information blank if it is the same as the students.)

Father's Full Name

Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____

Employer Name _____

Employer Phone _____

Email Address _____

Mother's Full Name

Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____

Employer Name _____

Employer Phone _____

Email Address _____

Step-parent's/Legal Guardian's or Spouses Information (if applicable)

Home/Cell Phone _____

Employer Name _____

Employer Phone _____

Email _____

Home/Cell Phone _____

Employer Name _____

Employer Phone _____

Email Address _____

List of siblings, including grade, that attend school in this district.

Emergency Contacts - List the name and relationship of person(s) who will take temporary care of your child if you cannot be reached.

Name _____ Relationship _____ Phone Number _____ Cell Number _____
Name _____ Relationship _____ Phone Number _____ Cell Number _____

Special Education/Student Services

Does your student currently receive Special Education Services? No _____ Yes _____ Copy of plan provided

Does your student have a current 504 plan? No _____ Yes _____ Copy of plan provided

Has your child participated in:

_____ Speech Therapy _____ Title I _____ IEP _____ Other School Based Interventions (Please list academic area(s) of need)

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Health

If your student has a special health need, appropriate school personal will be notified. A special need could include one or more of the following (check all that apply):

Diabetes/Hypoglycemia Hearing Problems Vision Problems/Glasses Heart Condition
 Seizures ADD/ADHD Allergies Other _____

For serious conditions (heart, asthma, etc) a plan of action is required to be submitted by the parent. If medication is required, parent/guardian must fill out the appropriate form, available on our website. [Medical Authorization Form](#)

Doctor/Dentist Information

Family Physician and/or
Medical Clinic Name _____ Dentist Name _____
Phone #: _____ Phone #: _____

Hospital/Emergency Care Information

In the event of a serious illness or accident the school will immediately contact the parent/guardian. In the event that the parent/guardian cannot be reached immediately, I (we) authorize the school to make emergency care decisions for my child in his/her best interest. **If the emergency care requires transport to a hospital, what hospital would you or your insurance prefer (circle one):**

St. Vincent Bellin St. Mary's Green Bay Aurora Baycare Green Bay Aurora Hospital in Two Rivers
Other: _____

Transportation

In general, students living beyond 2 miles from school or living in the "unusual hazard" area will be eligible for transportation services. The address where the student resides determines school attendance and transportation eligibility.

If eligible, will your student require Transportation? Check one
 None In to School Only Both to School and Home Home from School

If pick up and drop off address are different than home address, please list contact information below

Name _____ Phone Number _____ Cell Phone _____
Address _____

Other

1. Is your current living arrangement a result of loss of housing or economic hardship? Yes No Unsure
By completing this question, you help the district comply with the McKinney-Vento Act, Title X Part C of the No Child Left Behind Act.
2. Is there a joint custody or parenting plan in effect? Yes No
If yes, please list alternate parent on joint custody or parenting plan. _____
Is the custody joint legal? Yes No (Custody papers **must** be provided to the KSD District.)
Is the custody joint physical? Yes No
If yes, does the student also reside with the parent during the school week? Yes No
Is there a restraining order in effect? Yes No (If yes, legal papers with the official court stamp or signature **must** be on file with the school for enforcement.)

Release of Information to a NON-custodial parent/guardian. In accordance with Wisconsin State Statute 118.125(2)(c) the Kewaunee School District cannot release student progress, behavioral or health records to a non-custodial parent/guardian unless we obtain written authorization by a custodial parent/guardian. Examples of a non-custodial parent/guardian are a grandparent or step-parent with whom the student may or may not reside with. If you wish for your child's information to be released to a non-custodial parent/guardian please list their name below and check which records they can receive.

Name(s) _____
Records to receive (Please check) Progress Records (academic records and attendance records)
 Behavioral Records
 Health Records

Signature of Custodial Parent _____ Date _____

I verify the above information to be true and accurate.

Signature of Legal Parent/Guardian _____ Date: _____

Please contact the office whenever any information on this form changes. Thank You.

**Form updated - 8/22/16*

Office Only -

Birth Certificate Verified:
(4K & Kindergarten Only)

Custody Papers on File

Restraining Order on File

Expires: _____ / _____ / _____