

OCONTO FALLS AREA SCHOOLS ENROLLMENT/REGISTRATION FORM

(For Office Use Only)	Oconto Falls Elementary _____	Abrams Elementary _____
	Washington Middle School _____	High School _____
		Homeroom Teacher _____

Student: _____ Gender: _____ Grade: _____
 Last _____ First _____ Middle _____

Address: _____ Phone: _____ Bus Rider: _____
 _____ SSN: _____ Miles from School: _____

Birth City/County/State _____ DOB: _____ Town/City/Township of: _____

Ethnicity: Is student Hispanic or Latino? No, not Hispanic or Latino Yes, Hispanic or Latino

Federal Race: Check all that apply for your student: Am. Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Student lives with: Both Parents Mother Father Guardian Other: _____

Primary Parent/Guardian:

Name: _____ Relationship: _____

Address: Same as above.

Name: _____ Relationship: _____

Address: Same as above.

Phone #: _____ Home

_____ Work

_____ Cell

Phone #: _____ Home

_____ Work

_____ Cell

Email Address: _____

Employer: _____

Email Address: _____

Employer: _____

Marital Status: _____ (M-Married, D-Divorced, S-Single)

Secondary Parent/Guardian:

Name: _____ Relationship: _____

Address:

Name: _____ Relationship: _____

Address:

Phone #: _____ Home

_____ Work

_____ Cell

Phone #: _____ Home

_____ Work

_____ Cell

Should Second Parent/Guardian receive report cards? Yes No

If divorced or separated, please state any special circumstances relating to the custody of your child: _____

Household members not listed above, starting with oldest:

Name (First & Last)

Sex

Birthday

School/Grade

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Please Note: Make sure all adults in the household (that will take responsibility for your child's welfare) are listed somewhere on this form. **Brothers** and **sisters** are not automatically authorized to pick up your child from school. **You must call ahead of time or list them.**

Pick-up address _____

BUSING INFORMATION

Drop-off address _____

**CONTINUED
ON REVERSE
SIDE**

4/18/2012

EMERGENCY / HEALTH HISTORY

Child's Name _____

EMERGENCY CONTACTS: (*Someone other than yourself who can pick up your child if needed.*)

1st Person to Call: Name: _____	2nd Person to Call: Name: _____
Phone #: _____ Home _____ Work _____ Cell	Phone #: _____ Home _____ Work _____ Cell
Relationship to Student: _____ _____	Relationship to Student: _____ _____

3rd Person to Call: Name: _____	4th Person to Call: Name: _____
Phone #: _____ Home _____ Work _____ Cell	Phone #: _____ Home _____ Work _____ Cell
Relationship to Student: _____ _____	Relationship to Student: _____ _____

Physician's Name: _____	Physician's Phone #: _____
Preferred Hospital: _____	

Medical Alerts/Allergies: Yes No Please describe: _____

Daily Medications? Yes No Name of Medication: _____

If emergency treatment is required and the parent/guardian cannot be reached, school authorities will use their best judgment in seeking emergency care.

Student Signature _____

Date _____

Parent Signature _____

Date _____

Please note: The school can no longer administer "school supplied" Tylenol, ibuprofen, etc.

Other Important Information:

School and grade child previously attended: _____

Address: _____

Does your child have any Special Education needs? Yes No
Has your child ever been in an At-Risk Program at another school? Yes No
Does your child need to be scheduled for any of the following? Band Choir Advanced Math

WASHINGTON MIDDLE SCHOOL

102 South Washington Street - Oconto Falls, WI 54154-1468

(920) 848-4463 - FAX: (920) 848-4453

Stephanie S. Landreman, Principal

PERMISSION TO RELEASE RECORDS

DATE:

I hereby authorize _____ School District/Name of School - *from which you are transferring.*

Street	City	State	Zip Code
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to release records for the student listed below who has enrolled at Washington Middle School:

Name of Student

Birthdate

Grade

PROGRESS RECORDS (Should be sent to Guidance Department, Washington Middle School, 102 S. Washington Street, Oconto Falls, WI 54154)

- Statement of courses taken
- Grades (Both previous and to date of withdrawal)
- Attendance record
- Health and medical records/immunizations
- Standardized, group, aptitude and achievement tests
- WIAA Physical Form
- Statement of extracurricular activities
- ALL OF THE ABOVE RECORDS

SPECIAL EDUCATION RECORDS (Should be sent to Mrs. Terri Olsen, Director of Special Education, 210 N. Farm Road, P.O. Box 988, Oconto Falls, WI 54154)

All Individualized Education Program forms including original Parent Consent to Place

All Psychological/Achievement/Behavioral Assessments

Parent Signature

ALL OF THE ABOVE RECORDS

Relationship to Student