

School District of Lomira Student Registration Form

Student's LEGAL Name (Last, First, Middle):

Date of Birth:

City and State of Birth:

Male Female

Student Lives with: 1st Family 2nd Family Other

Grade Entering:

FIRST/PRIMARY FAMILY INFORMATION

Address:

PO Box:

City/State/Zip:

Telephone:

Parent E-Mail Address:

Name(s) of Adult(s) In The Household:

1. **Full Name:** **Relationship:**
Cell Phone #: **Employer Name, Address, and Phone #:**
2. **Full Name:** **Relationship:**
Cell Phone #: **Employer Name, Address, and Phone #:**

SECOND FAMILY INFORMATION

Address:

PO Box:

City/State/Zip:

Telephone:

Parent E-Mail Address:

Name(s) of Adult(s) In The Household:

1. **Full Name:** **Relationship:**
Cell Phone #: **Employer Name, Address, and Phone #:**
2. **Full Name:** **Relationship:**
Cell Phone #: **Employer Name, Address, and Phone #:**

EMERGENCY SITUATIONS – If parents cannot be reached immediately, who should be contacted? These people may take my child from school in an emergency situation:

1. **Name:** **Telephone:** **Relationship:**
2. **Name:** **Telephone:** **Relationship:**

Physician (First/Last Name):

Telephone:

Health Conditions (Allergies/Illnesses/Medications):

FEDERAL RACE/ETHNICITY:

1. Is your child Hispanic or Latino?
 No, My Child is not Hispanic or Latino.
 Yes, My Child is Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
2. What is your child's race? (Please mark all that apply)
 American Indian or Alaska Native – A person having origins in any of the original peoples of North and South American (including Central America) and who maintains tribal affiliation or community attachment.
 Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as 'Haitian' or 'Negro' can be used in addition to 'Black or African American.'
 Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

TRANSFER STUDENTS - School last attended:

Were you ever expelled? Yes No

Parent Note: I verify that my son/daughter has not been expelled from a previous district pursuant to Section 120.13(l)(f) of the Wisconsin Statutes.

Parent Signature

Date

Father Mother Legal Guardian

Please note that additional forms and documentation will be needed to complete the registration process. Contact the office of your child's school for more information

In order for your child to get off to the best possible start, it is very important that we know of any special programming or help that your child was receiving at her/his previous school. Please fill in the information below and check all that apply to your child.

- At your child’s previous school, during parent/teacher conferences how was your child described?
- Did your child have any academic difficulties at her/his previous school? YES NO
If so, what were these difficulties?
- Did your child have any personal/social difficulties at her/his previous school? YES NO
If so, what were these difficulties?

• Special Programming: Please check the area(s) that apply to your child.

- Title 1 Reading Section 504 Plan RtI Child Study Plan
 Title 1 Math Gifted and Talented After School Program

Special Education

- Speech or Language Impairment Significant Developmental Delay Autism
 Specific Learning Disability Visual Impairment Other Health Impairment
 Cognitive Disability Hearing Impairment Traumatic Brain Injury
 Emotional/Behavioral Disability Orthopedic Impairment

- List any additional services that your child has received in her/his previous school.
- Please list any unusual health conditions of the student or medications.

Home Language Survey

What language did the child learn when she or he first began to talk? <input type="checkbox"/> English <input type="checkbox"/> Other (please specify):	¿Qué idioma saber al niño cuando ella o el empezó a hablar? SI <input type="checkbox"/> NO <input type="checkbox"/> En caso afirmativo, ¿qué idioma (s)? _____
Is a language other than English spoken in the home on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language:	Es un idioma distinto del Inglés se habla en el hogar sobre una base regular? SI <input type="checkbox"/> NO <input type="checkbox"/> En caso afirmativo, ¿qué idioma (s)? _____
Does the student use language other than English on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language:	¿El lenguaje de los estudiantes que no sea Inglés sobre una base regular? SI <input type="checkbox"/> NO <input type="checkbox"/> En caso afirmativo, ¿qué idioma (s)? _____
Is the student currently receiving “English Language Learner” service <input type="checkbox"/> Yes <input type="checkbox"/> No	¿Está el estudiante actualmente recibe? Aprendices del Idioma Inglés servicios? SI <input type="checkbox"/> NO <input type="checkbox"/>