

**PARDEEVILLE AREA SCHOOL DISTRICT**  
**STUDENT ENROLLMENT AND INFORMATION FORM**

Please Answer All Questions – Print All Information

SCHOOL:  PES  PMS  PHS

STARTING DATE: \_\_\_\_\_

**Student Legal Last Name:** \_\_\_\_\_ **Legal First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Suffix: (Jr,II)** \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth:(mm/dd/yyyy) \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Former Name: \_\_\_\_\_

Gender:  Male  Female US Citizen:  Yes  No If No First Date Enrolled in US Schools: \_\_\_\_\_

**Ethnicity/Race: Is This Student Hispanic/Latino?** Yes No (must circle one)  
 Select one or more of the following categories that apply to this student: (check ALL that apply-must select at least one)

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

**HOME ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Home Phone ( )** \_\_\_\_\_

Child Resides With:  Both Parents  Mother  Father  Stepmother  Stepfather

Does the student live in the following situations: Sharing housing with a friend/relative; in a motel, hotel, or campground; in a shelter; in a car or another place that is not designed as a place to live; etc.  Yes  No

Has this student ever attended a school in the Pardeeville School District?  Yes  No If Yes, please indicate:  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Has this student ever been retained:  Yes  No  
 Has this student ever been expelled:  Yes  No If Yes, from what School District? \_\_\_\_\_

**Special Needs** **Comments:**  
 Does the student currently receive "special education" services?  Yes  No \_\_\_\_\_  
 Has the student been evaluated for "special education" services?  Yes  No \_\_\_\_\_  
 Does the student currently receive "504 accommodations?"  Yes  No \_\_\_\_\_  
 Does the student currently receive any other special services?  Yes  No \_\_\_\_\_

**Language Survey** – Do you consider ENGLISH as your child's primary language?  Yes  No  
 Is a language other than English spoken in the home on a regular basis?  Yes  No  
 Does the student use a language other than English on a regular basis?  Yes  No  
 Is the student currently receiving "English Language Learner" services?  Yes  No  
 As a Parent/Guardian, do you require communication in a language other than English?  Yes  No  
 Language: \_\_\_\_\_

**Previous School Attended:**  
 Name: \_\_\_\_\_ Address \_\_\_\_\_

\*I verify that all the above information is complete and accurate: \_\_\_\_\_ / /  
Parent/Guardian Signature Date

**District:** Student ID # \_\_\_\_\_ IEP:  Yes  No **Records Request Sent:** \_\_\_\_\_ / /  
**Office Use** Bus # \_\_\_\_\_ Lunch # \_\_\_\_\_ **WSLS Requested:** \_\_\_\_\_ / /  
 Registration Fee Paid \$ \_\_\_\_\_ **Proof of Residence** \_\_\_\_\_  
 Parent State ID# \_\_\_\_\_

<b>Household Information - Pardeeville Area School District</b>		
<b>Parent/Guardian #1</b> <i>(Even if student lives 50/50 with legally responsible guardians, one guardian MUST be designated as primary)</i>		
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle:</b>
Address:		
City:	State:	Zip Code:
Home Phone:	Employer	Phone:
Cell Phone:	Email Address:	

<b>Parent/Guardian #2</b>		
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle:</b>
Address:		
City:	State:	Zip Code:
Home Phone:	Employer	Phone:
Cell Phone:	Email Address:	

- Complete Custodial/Visitation Rights Form** (if applicable)
- NONE** (proceed to Household Information/Emergency Contacts)

If additional LEGAL guardians need to be listed for any children in this household, please list them here:

Name:	Relationship to Student:
Address:	Legally Responsible Parent/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip:	
Home Phone:	Cell Phone:

Name:	Relationship to Student:
Address:	Legally Responsible Parent/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip:	
Home Phone:	Cell Phone:

**Emergency Contacts**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Child Care Provider used before/during/after school \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

NO ADDITIONAL CHILDREN (If additional children in household, please complete page 3)

\***BIRTH CERTIFICATE** has been viewed and information has been verified \_\_\_\_\_  
 Personnel Initials

Children in Household (Please list all additional members in the household)

Child's Legal Last Name	Legal First Name	Legal Middle Name	Gender M or F	Birthdate (mm/dd/yyyy)	Parent/Guardian #1 is this child's	Parent/Guardian #2 is this Child's
1.					___ Legal Guardian ___ Primary Guardian ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Foster Parent ___ Other(Specify)	___ Legal Guardian ___ Primary Guardian ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Foster Parent ___ Other(Specify)
			<u>Grade</u>			

Child's Legal Last Name	Legal First Name	Legal Middle Name	Gender M or F	Birthdate (mm/dd/yyyy)	Parent/Guardian #1 is this child's	Parent/Guardian #2 is this Child's
2.					___ Legal Guardian ___ Primary Guardian ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Foster Parent ___ Other(Specify)	___ Legal Guardian ___ Primary Guardian ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Foster Parent ___ Other(Specify)
			<u>Grade</u>			

Child's Legal Last Name	Legal First Name	Legal Middle Name	Gender M or F	Birthdate (mm/dd/yyyy)	Parent/Guardian #1 is this child's	Parent/Guardian #2 is this Child's
3.					___ Legal Guardian ___ Primary Guardian ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Foster Parent ___ Other(Specify)	___ Legal Guardian ___ Primary Guardian ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Foster Parent ___ Other(Specify)
			<u>Grade</u>			

**Pardeeville Elementary Only:**

**FIELD TRIP/FAMILY HANDBOOK**

I give permission for my child to attend Walking Field Trips and/or riding a bus to "You Deserve It", etc. field trips.

I have read the Family Handbook with my child and understand the contents.

I want to have my child's name added to the class directory.

**SCHOOL CLOSING INFORMATION**

- In case of early release, my child should go to: \_\_\_\_\_

Name

\_\_\_\_\_

Address

Phone

Parent/Guardian Signature

Date