

Rice Lake Area School District

700 Augusta Street Rice Lake, WI 54868
715-234-9007 -- FAX 715-234-4552

(Office Use Only)

Student # _____	State Student ID# _____	Locker _____
School _____	Homeroom # _____	Locker Combo _____
Start Date _____	Teacher _____	Grad Year _____
Grade Level _____	New Open Enrollment Student Resident District _____	

2020-2021 K-12 Student Enrollment Form

➤ Student Information (Please Print – LEGAL Name as it appears on child's birth certificate)

Legal Name _____ Birthdate _____ Gender _____
Last First Middle (mm/dd/yyyy) (Male or Female)

Address _____ Primary Phone # _____
Street City/Town State Zip

Place of Birth _____ Birth Verification _____
City County State Country (For Office Use Only)

Race (Check ALL that apply) American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/Pacific Islander White

Is this student Hispanic or Latino? Yes, Hispanic or Latino No, NOT Hispanic or Latino

Resident of Rice Lake School District Yes No If "NO": Have you applied for Open Enrollment? Yes No

School transferring from _____ Public Private

Street Address, City, State, Zip _____

Phone number _____ Fax number _____

Has your child ever attended Rice Lake School District before? No Yes (If Yes, where and when?) _____

Has your child registered under a different name No Yes (If Yes, what name?) _____

Is your child currently under expulsion or awaiting an expulsion hearing? No Yes (If Yes, date and reason) _____

Has your child ever been retained? No Yes (If Yes, what grade?) _____

Was your child enrolled in any of these types of special classes or programs at their previous school?

- Honors/Accelerated/G/T Home School Alternative School
 Section 504 Accommodation Plan ESL (English as a Second Language) Bilingual Program

Special Education-IEP (list program(s) and needs) _____

Does your child have problems adjusting socially? No Yes (If Yes, briefly describe) _____

Does your child have problems in academic functions? No Yes (If yes, briefly describe) _____

Student Name _____ **Date of Birth** _____ **Grade** _____
 Last First Middle (mm/dd/yyyy) (Starting Sept. 2020)

The McKinney-Vento Act provides additional services to students living in transitional/temporary housing. Please answer the following:

Where is the student presently living? (Check one box)

- In a shelter Doubled up with another family in a house or apartment due to economic hardship In a hotel/motel
 In a car, park, or campsite With other friends or family members (NOT with parent/legal guardian)
 None of the above (permanent housing with parent/legal guardian)

➤ **First Family Information** (A parent's boyfriend/girlfriend or fiancé, living in the same house, is NOT a legal guardian)

Custodial Parent(s)/Legal Guardian(s) Residing with Student						
Legal First Name	Middle	Legal Last Name	Relationship	Cell Phone #	Employer	Work Phone #

***Email address(es):

House Number	Street Name	Apt #	City	State	Zip

Student primarily lives with during the school year/days

- Father & Mother Mother Only 50/50 Physical Placement
 Mother & Stepfather Father Only Other _____
 Father & Stepmother Guardian(s)

Are there any court orders you wish to notify the school about regarding legal custody, physical custody, or restricted contact with the school or child? No Yes **If Yes, a copy of the legal documentation IS required.**

Name of person(s) NOT to have access to student _____ Relationship _____

➤ **Second Family Information** (A parent's boyfriend/girlfriend or fiancé, living in the same house, is NOT a legal guardian)

Other Guardian Information (50/50 or Non-Custodial Parent) (The family receives educational information on the student. If second family does not receive educational information, please provide supporting legal documentation prohibiting them from receiving information.)

Legal First Name	Middle	Legal Last Name	Relationship	Cell Phone #	Employer	Work Phone #

***Email address(es):

House Number	Street Name	Apt #	City	State	Zip	Primary Phone #

➤ **Sibling Information**

List ALL other children, 18 years of age and younger, who are living in the household.

Name (First, Middle, and Last)	Gender	Date of Birth	Grade	School

Student Name _____ **Date of Birth** _____ **Grade** _____
 Last First Middle (mm/dd/yyyy) (Starting Sept. 2020)

➤ **Emergency/Health Information**

⇒ **DO NOT LIST CHILD'S PARENTS HERE! Parents should be listed in the family information sections.**

(Emergency contacts are only contacted in the event that we cannot reach the parent(s)/guardian(s) first)

Emergency contacts should be someone other than the parent/guardian who would be available to pick up an ill or injured student. Be sure anyone you put down knows that they are on your child's emergency contact list. (Parent(s)/Guardian(s) are **always** contacted first)

Emergency Contact Name	Relationship to Child	Home Phone	Cell Phone

Health Condition 1 _____

Action Needed _____

Health Condition 2 _____

Action Needed _____

Health Condition 3 _____

Action Needed _____

If I cannot be reached after a reasonable effort has been made to contact me, I hereby authorize Rice Lake Area School District personnel to coordinate and consent to treatment for my child by a licensed health care provider/physician in the event of a medical emergency which, in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

Parent/Guardian Signature

Date

Parent(s)/Guardian(s):

Your signature verifies the accuracy of this information and authorizes its use by the Rice Lake Area School District and its personnel for internal purposes. I have examined, read and agree to all information and statements on this document. My signature below acknowledges I have the legal authority to enroll this child in school and my agreement to the accuracy of information provided.

Signature _____ **Date** _____

Relationship to Child _____

CENTRAL OFFICE USE ONLY

Skyward Food Service Special Services Perm Record Contact School
 Class List Transportation School Nurse WISEID
 Request for Student Records Vaccinations Entered Skyward Family Access