MENOMONEE FALLS SCHOOL DISTRICT ~ ENROLLMENT FORM

Please use ballpoint pen and print clearly

School Information:

Date student will begin school: _____

Grade student will be in when they begin school: _____

School student will attend: _____

4 Yr old Kindergarten _____ **5 Yr old Kindergarten:** _____

4K Nbrhd. School: _____ **5K Integrated** *(need approval)*

Previous school attended: _____ _____ _____

Phone Number Fax Number

Previous school:_____ _____ _____ _____ _____

Address City State Zip District Name

Student Information:

_____ _____ ___ _____ _____

(*as printed on Birth Certificate)* Legal Last Name Legal First Name MI Nickname Gender

_____ _____ _____ _____

Mailing Address City State Zip Code

Student Expulsion: ☐ **Yes** ☐ **No** **If "Yes" please indicate** ☐ **Current** ☐ **Prior/Pending** *(administrator approval needed)*

Student Vitals

Date of Birth _____

County of Birth _____

City of Birth _____

State of Birth _____

Country of Birth if applicable _____

Date of Entry into US if applicable _____

Date of entry into US schools if applicable _____

Ethnicity

Please answer both questions:

1. Is this person enrolling Hispanic or Latino? ☐ **Yes** ☐ **No**

2. Is this person enrolling?
(Choose one or more; you must select at least one)
   - ☐ American Indian or Alaska Native
   - ☐ Asian
   - ☐ Black or African American
   - ☐ Native Hawaiian or Pacific Islander
   - ☐ White

Home Language Information:

1. Is a language **other** than English spoken in the home or on a regular basis? ☐ **Yes** ☐ **No**
   If "Yes" list language(s):_____

2. Does the student use the language other than English on a regular basis? ☐ **Yes** ☐ **No**
   If "Yes" list language(s):_____

3. Is the student currently receiving and or in need of "English Language Learning" services? ☐ **Yes** ☐ **No**

Special Education Services Information:

My child has a written IEP (Individualized Education Plan), 504 or Service Plan: ☐ **Yes** ☐ **No** **If "Yes" please indicate type below**

Briefly describe type of services needed: _____ ☐ IEP ☐ 504 ☐ Service Plan

Sibling Information: *(Please list all children, ages 0 through 20, living in your home)*

Family Id: _____
(Office Use Only)

Name	Birth Date	Gender	Ethnicity	School *(if school age)*	Grade

Transportation Information: **(Note: Open Enrollment students do NOT qualify for bussing)**

My child will be using the bus, as offered by the School District, as transportation to and from school. ☐ **Yes** ☐ **No**

Revised 12/22/2015

PRIMARY CONTACT INFORMATION – PLEASE PICK ONE: ☐ **Mother** ☐ **Father** ☐ **Guardian** *(with whom student resides)*

Name as it should appear on mailing label: *(Check those that apply)* ☐ **Mr.** ☐ **Mrs.** ☐ **Mr. & Mrs.** ☐ **Ms.** ☐ **Rev.** ☐ **Dr.**

_____ _____ ☐ Unlisted _____

Primary Contact Name *(with whom student resides)* Home Phone # Cell Phone #

#1 Mother Information:

Last Name _____ First Name _____ MI _____

Guardianship *(check all that apply)* ☐ **Guardian** ☐ **Non Custodial Parent** ☐ **Joint Custodial Parent**

Student resides with this person**?** ☐ **Yes** ☐ **No** Responsible for this student**?** ☐ **Yes** ☐ **No** Extra mailing**?** ☐ **Yes or** ☐ **No**

Address *(if different than student)* City State Zip Code

Home Phone Cell phone #/Pager # Email Address

Employer Occupation Work Phone # Ext. Work Hours/Days

 # 2 Father Information:

Last Name _____ First Name _____ MI _____

Guardianship *(check all that apply)* ☐ **Guardian** ☐ **Non Custodial Parent** ☐ **Joint Custodial Parent**

Student resides with this person**?** ☐ **Yes** ☐ **No** Responsible for this student**?** ☐ **Yes** ☐ **No** Extra mailing**?** ☐ **Yes or** ☐ **No**

Address *(if different than student)* City State Zip Code

Home Phone Cell phone #/Pager # Email Address

Employer Occupation Work Phone # Ext. Work Hours/Days

#3 Parent/Guardian Information:

Last Name _____ First Name _____ MI _____

Guardianship *(check all that apply)* ☐ **Guardian** ☐ **Non Custodial Parent** ☐ **Joint Custodial Parent**

Relationship *(check one)* ☐ **Stepmother** ☐ **Stepfather** ☐ **Grandmother** ☐ **Grandfather** ☐ **Foster Mother** ☐ **Foster Father**

Student resides with this person**?** ☐ **Yes** ☐ **No** Responsible for this student**?** ☐ **Yes** ☐ **No** Extra mailing**?** ☐ **Yes or** ☐ **No**

Address *(if different than student)* City State Zip Code

Home Phone Cell phone #/Pager # Email Address

Employer Occupation Work Phone # Ext. Work Hours/Days

#4 Parent/Guardian Information:

Last Name _____ First Name _____ MI _____

Guardianship *(check all that apply)* ☐ **Guardian** ☐ **Non Custodial Parent** ☐ **Joint Custodial Parent**

Relationship *(check one)* ☐ **Stepmother** ☐ **Stepfather** ☐ **Grandmother** ☐ **Grandfather** ☐ **Foster Mother** ☐ **Foster Father**

Student resides with this person**?** ☐ **Yes** ☐ **No** Responsible for this student**?** ☐ **Yes** ☐ **No** Extra mailing**?** ☐ **Yes or** ☐ **No**

Address *(if different than student)* City State Zip Code

Home Phone Cell phone #/Pager # Email Address

Employer Occupation Work Phone # Ext. Work Hours/Days

Emergency Contact Information:

In all emergency situations the student's primary parent/guardians will be contacted first. If they cannot be reached the following people will be contacted.

Name:_____ Relationship _____ Telephone # _____
Circle Type: home; cell; work

Alternate Telephone # _____
Circle Type: home; cell; work

Name:_____ Relationship _____ Telephone # _____
Circle Type: home; cell; work

Alternate Telephone # _____
Circle Type: home; cell; work

District Information: After you have received the Student & Parent Handbook. *Please answer all three questions below.*

1. My child has permission to take **field trips within** the school district limits. ☐ **Yes** ☐ **No**
2. Per Board Policy 363.2, and as addressed in the SDMF Student & Parent handbook, I provide consent for my child to use the District's **technology and internet access**. ☐ **Yes** ☐ **No**
3. I have received, and will read, the School District of Menomonee Falls **Student & Parent Handbook** and share relevant topics with my child. ☐ **Yes** ☐ **No** *(an electronic copy can be found on the district & school web sites)*

I, the undersigned, certify, under penalty of perjury, that the information provided is true and correct and the School District of Menomonee Falls may rely on this information to determine whether the parent and or student(s) are residents of the School District of Menomonee Falls.

_____ _____ _____
Print Parent/Guardian name Signature Date

FOR OFFICE USE ONLY

Fees are to be prorated by the 10 month school year, September 1 – June 30.
Students enrolling prior to the 15th of the month will pay fees from that month through the end of the year.
Students enrolling after the 15th of the month will pay fees from the next month through the end of the year.

Date Enrolled _____ Amount Due _____ Date Paid _____

ANNUAL HEALTH HISTORY
School District of Menomonee Falls

Health information will be shared with school staff on a need-to-know basis to ensure the safety of your child.

Student Information:

_____ _____ _____ _____ _____

Last Name First Name Birth Date School Grade

☐ **I have read the information below and my child does not have any of these needs or conditions.**

Medical Information:

1. Does your child take medication on a daily basis? If medications are to be given at school, please obtain a medication form from your school's office or our district website for all medication both prescribed (including inhalers}, and over the counter {OTC). All medication must be provided from home in the original container. All medications must be transported to and from school by the parent/guardian.
   - ☐ At HOME: *Please list medications and reason for taking*:_____
   - ☐ At SCHOOL: *Please list medications and reason for taking*: _____
2. Does your child require special health care procedures at school? (examples: toileting, blood sugar testing, catheterization, tube feeding, etc.)? If so, please complete information below.
   - ☐ Independently:_____
   - ☐ With Assistance:_____

<u>If your child's physician has diagnosed</u> your child with any of the conditions noted below, please check the appropriate box/sand fill in additional requested information:

☐ **ADD/ADHD** Medication: Medications:_____

☐ **Allergies** (MUST provide symptom relief):

☐ Epi-Pen ☐ Benadryl

- ☐ Animals:_____
- ☐ Food:_____
- ☐ Bees/Insects:_____
- ☐ Latex/Other:_____
- ☐ Date of Last Reaction:_____
- ☐ Typical Symptoms:_____

☐ **Asthma**

Triggers:_____

Treatment:_____

☐ **Bleeding Disorder**

Specify/Explain:_____

☐ **Behavioral/Mental Health**

☐ Anxiety ☐ Depression

☐ Other/explain:_____

☐ **Diabetes****

Medications:_____

Treatment:_____

Note – all diabetic students must have glucagon to be stored in the school's health room

☐ **Ear or Hearing concerns**

Hearing Aid Right_____ Left_____

☐ **Eye or Vision concerns**

Glasses_____ Contacts_____

☐ **Feeding concerns:**

Specify/Explain:_____

☐ **Heart condition:**

Specify/Explain:_____

☐ **Migraines or severe headaches:**

Frequency:_____

Treatment:_____

☐ **Seizures****

Type:_____

Date of last seizure:_____

☐ **Other Specify/Explain:**_____

_____

*Please note and include health conditions that are no longer an issue (ex: no longer has an allergy to peanuts):*_____

_____

Health information will be shared with staff on a need to know basis to ensure the safety of your child.

*** Please provide an individualized health plan(IHP) to your school's health room. IHP forms can be obtained by contacting your school's health room. Forms can also be printed from the school district website at http://www.sdmf.k12.wi.us/ (select family resources, scroll down to health area).*

_____ _____

Parent/Guardian Signature Date

Revised 12/22/2015