

SCHOOL DISTRICT OF NIAGARA www.niagara.k12.wi.us

NEW STUDENT REGISTRATION FORM

PLEASE PRINT CHILD'S LEGAL NAME:

Last _____ First _____ Middle _____

Date of Birth _____ M/F _____ Home Phone _____ Cell Phone _____

Street address _____ City _____ State _____ Zip _____

Grade student is entering: _____ County of residence: _____

ADULT MEMBERS LIVING IN THE HOUSEHOLD:

Last _____ First _____ Relationship to student _____
(father, step-father, legal guardian)

Employer name and address: _____

Last _____ First _____ Relationship to student _____
(mother, step-mother, legal guardian)

Employer name and address: _____

NAME OF PARENT STUDENT IS NOT LIVING WITH:

Last _____ First _____ Relationship to student: _____

Street Address _____ City _____ State _____ Zip _____

When a parent that the child is not living with should not be contacted or receive information, please provide legal documentation of sole guardianship/placement.

Who is the payor of the food service account? _____

SIBLINGS: Please list ALL siblings. This includes all half-siblings, step-siblings, and children who are 19 years of age and younger who are living in the same household.

NAME: _____ D.O.B. _____ AGE ___ M/F ___ School in attendance: _____

NAME: _____ D.O.B. _____ AGE ___ M/F ___ School in attendance: _____

NAME: _____ D.O.B. _____ AGE ___ M/F ___ School in attendance: _____

RESIDENCY VERIFICATION: This signature is to verify that the address on this form is the address at which this student resides, as mandated by the State of Wisconsin and the School District of Niagara.

Parent Signature _____ Date _____

ETHNIC BACKGROUND: Required for DPI/Government reporting only.

AIN Alaskan Native/Indian-American ___ API Asian/Pacific Islander ___ HIS Hispanic ___ BNH Black/Non-Hispanic ___ WNH White Non-Hispanic ___

LANGUAGE(S) other than English spoken in the home: _____

OFFICE USE ONLY

Birth Certificate

Meal

Lunch Card

_____ AM Bus

_____ PM Bus

_____ Trans

_____ Mileage

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PREVIOUS SCHOOL INFORMATION:

School Name: _____ Phone: _____

Address: _____ FAX: _____

Was your child enrolled in any special programs? If so, please list: _____

EMERGENCY INFORMATION

If emergency care is required and no one can be reached, may the school authorities use their judgment in caring for your child?

YES ___ NO ___ If NO, indicate the plan to follow: _____

Please list names and numbers of emergency contact person(s) if a parent cannot be reached in an emergency.

NAME	PHONE	RELATIONSHIP
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NAME	PHONE	RELATIONSHIP
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NAME	PHONE	RELATIONSHIP
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Your signature gives the hospital permission to administer treatment and is intended for use throughout the year. Please notify school personnel of any changes in the above information by calling the office at (715) 251-4541 or (715) 251-3528.

Signature of Parent/Guardian _____ Date _____

Have reviewed, understand, and agree to contents of the Student Handbook. YES/NO (Circle One) Initial: _____

Permission to use student's photographs on web page and local newspapers. YES/NO (Circle One) Initial: _____

Student and parent have read and understand the guidelines for the use of the Internet at the School District of Niagara as written in the Technology Use agreement section of the Student Handbook. YES/NO (Circle One) Initial: _____

Permission for your child to participate in school sponsored field trips. YES/NO (Circle One) Initial: _____

Have completed the Emergency Dismissal Information form. (Grades K-8) YES/NO (Circle One) Initial: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Email Address: _____