

PLEASE PRINT CHILD'S FULL LEGAL NAME:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_ County of residence: \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade student is entering: \_\_\_\_\_

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 \_\_\_\_\_

ADULT MEMBERS LIVING IN THE HOUSEHOLD:

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email address: \_\_\_\_\_

Employer name and Phone: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email address: \_\_\_\_\_

Employer name and Phone: \_\_\_\_\_

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: \_\_\_\_\_

OFFICE USE ONLY

Birth Cert.  Meal  Lunch Card  DC Run  Econ Status  Tally

Busing: Rt. \_\_\_\_\_ AM Rt. \_\_\_\_\_ PM1 PM2

Transport Y N Haz. REG (0-2=HAZ) Mileage \_\_\_\_\_

**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: \_\_\_\_\_

**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
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP

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.

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: \_\_\_\_\_