

DEERFIELD COMMUNITY SCHOOL DISTRICT STUDENT ENROLLMENT FORM

The Deerfield Community School District does not discriminate against pupils on the basis of sex, race, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability of handicap in its educational programs or activities.

STUDENT INFORMATION

OFFICE USE – Student #

School Year:

Legal Last Name	Legal First Name	Legal Middle Name	Suffix	Name used if different from legal name	Gender M F
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*Prior to your son/daughter's start date, a legal document will need to be provided for school personnel to verify proof of age.

*Date of Birth	Birth City State	Birth County	Birth	Birth Country, if outside USA	Birth Mother's Name:	Birth Father's Name:
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Grade Entering	Open Enrolled? No If yes, Resident District	Yes	Student's Cell Phone (if available)	*Date proof of age was verified: * Verified by (School Official)
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Race/Ethnicity: Is this student Hispanic or Latino? **(Choose One)** ☐ No, not Hispanic or Latino ☐ Yes, Hispanic or Latino

Is the individual from one or more of these races? (Choose one or more. You must select at least one)

- ☐ American Indian or Alaska Native ☐ Asian ☐ White
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

Language Survey

Which language did your child first learn to speak? _____ If other than English, complete the Home Language Survey included in enrollment packet.

Language most often spoken at home? _____

Entering From: First Year of School WI Public WI Private Out of State Home-based Out of Country (Circle One)

Previous District Attended: _____

Previous School Attended: _____ Phone Number () _____

Address of Previous School: _____ City: _____ State: _____ Zip: _____

SUPPLEMENTAL INFORMATION

Has your child ever received Special Education services? Yes No

Does your child currently have an IEP? Yes No

Does your child currently have a 504 plan? Yes No

Bus transportation is only available if your home address entitles your child to transportation services. I request bus transportation to and from school. Yes No N/A

EXPULSION – Has student been expelled or in the process of being expelled from another district? Yes No If Yes, District _____

Reason _____

****Court Ordered Custodial Agreement? Yes No *If yes, it is a parent's responsibility to provide a copy of the order to the school office as soon as possible.*

GUARDIAN / HOUSEHOLD INFORMATION -									
Student lives with (Circle One) Both Parents Both Parents Alternately Parent/Step-Parent Mother Only Father Only Legal Guardian Foster Home Other _____									
First Household – Legal Parent(s)/Guardian(s)									
Guardian 1 Full Legal Name(s), Relationship(s)				Guardian 2 Full Legal Name(s), Relationship(s)					
Address									
City, State, Zip									
Employer									
Parent/Guardian 1 Telephone Numbers Name:		Home Cell Work		Parent/Guardian 2 Telephone Numbers Name:			Home Cell Work		
Email Address(es)									
OTHER CHILDREN IN THE HOUSEHOLD INFORMATION		First Name		Date of Birth		Gender		School Attending	
		First Name		Date of Birth		Gender		School Attending	
		First Name		Date of Birth		Gender		School Attending	
Second Household – Legal Parent(s)/Guardians(s)									
Guardian 1 Full Legal Name(s), Relationship(s)				Guardian 2 Full Legal Name(s), Relationship(s)					
Address									
City, State, Zip									
Employer									
Parent/Guardian 1 Telephone Numbers (Names):		Home Cell Work		Parent/Guardian 2 Telephone Numbers (Name):			Home Cell Work		
Email Address(es)									
OTHER CHILDREN IN THE HOUSEHOLD INFORMATION		First Name		Date of Birth		Gender		School Attending	
		First Name		Date of Birth		Gender		School Attending	
		First Name		Date of Birth		Gender		School Attending	
EMERGENCY/HEALTH INFORMATION: Parents are always the Primary Contact. However, if a parent cannot be reached, please list									
1 st Contact Name – Local Preferred		Home Phone		Work Phone		Cell Phone		Relationship	
1 st Contact Name – Local Preferred		Home Phone		Work Phone		Cell Phone		Relationship	
Doctor Name & Phone			Dental Name & Phone				Hospital Name		
I agree that the information provided herein is complete and accurate. I understand that this information is being used by the school district for the purposes of enrolling my child. I understand that incomplete or inaccurate information may delay, prevent or invalidate my child's enrollment in school. I agree to promptly inform the school district of any changes in this information, including any changes in the residency of my child. Parent Initials: _____ Date: _____									