

## 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)**

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> 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/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.*

**DISCLOSURE: "Directory Data"** means those student records which include the student's name, photograph, participation in officially-recognized activities and sports, weight and height, if a member of an athletic team, degrees and awards received and date of graduation. **Publishable** unless notified in writing by Legal Parent/Guardian **within fourteen (14) days** of registration. I have read and understand the **DISCLOSURE**. Initials \_\_\_\_\_

<b>GUARDIAN / HOUSEHOLD INFORMATION -</b>				
Student lives with (Circle One) Both Parents Both Parents Alternately Parent/Step-Parent Mother Only Father Only Legal Guardian Foster Home Other _____				
<b>First Household – Legal Parent(s)/Guardian(s)</b>				
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
<b>Second Household – Legal Parent(s)/Guardians(s)</b>				
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
<b>EMERGENCY/HEALTH INFORMATION: Parents are always the Primary Contact. However, if a parent cannot be reached, please list</b>				
1 <sup>st</sup> Contact Name – Local Preferred	Home Phone	Work Phone	Cell Phone	Relationship
1 <sup>st</sup> 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: _____				