

KG-12th Grade 2022-2023 Student Registration Form

For Office Use Only:
Birth Certificate Verified by: _____
School: DN KN OAK RH WAK MS HS

STUDENT INFORMATION (Please Print)

STUDENT (LEGAL NAME)				Desired Start Date (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)	Grade	Gender	Birthplace
Last Name	First Name	Middle Name	Suffix	___/___/___	___/___/___	_____	_____	_____ <i>City County State</i>

Primary Home Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Hmong <input type="checkbox"/> Other <i>If other, please write above</i>	Student Data Directory Information State statute (Wis. Stat § 11.125(1)(b)) Directory data means those pupil records which include the pupil's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, photographs, degrees and awards received and the name of the school most recently previously attended by the pupil. <input type="checkbox"/> Allow <input type="checkbox"/> Withhold <u>Military Recruiters</u> <input type="checkbox"/> Allow <input type="checkbox"/> Withhold <u>Institutions of Higher Education</u> <input type="checkbox"/> Allow <input type="checkbox"/> Withhold <u>Public use such as newspapers, social media ,marketing purposes</u> <input type="checkbox"/> Allow <input type="checkbox"/> Withhold <u>Local/district use, such as Yearbooks, Photographs, Sports</u>	Parent in Military 1. Is either parent or guardian on active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is either parent or guardian a traditional member of the Guard or Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? <input type="checkbox"/> Yes <input type="checkbox"/> No
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STUDENT EDUCATION HISTORY

Is this student applying for Open Enrollment into Menomonie School District? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, name of resident district : _____) Is this student Receiving EL (English Learner) Services <input type="checkbox"/> Yes <input type="checkbox"/> No Is this student currently under expulsion or awaiting an expulsion hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what school <i>and</i> district? _____ Has this student been identified as having an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your child's special need? _____ Check any concerns you have about this student: <input type="checkbox"/> Speech <input type="checkbox"/> Health <input type="checkbox"/> Behavior <input type="checkbox"/> Learning <input type="checkbox"/> Vision/Hearing <input type="checkbox"/> Dental <input type="checkbox"/> Other Are there any court documents you wish to notify the school about? (Example custody) <input type="checkbox"/> Yes <input type="checkbox"/> No (A copy of the legal documents is required.)	Last school attended: _____ <i>School Name</i> _____ <i>Street Address</i> _____ <i>City State Zip Code</i>
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HOME LANGUAGE SURVEY

1. What language did the child learn when she or he first began to talk? _____
2. What language does the family speak at home most of the time? _____
3. What language does the parent(s) speak to her/his child most of the time? _____
4. What language does the child speak to her/his parent(s) most of the time? _____
5. What language does the child hear and understand in the home? _____
6. What language does the child speak to her/his brothers/sisters most of the time? _____
7. What language does the child speak to her/his friends most of the time? _____
9. Do you request oral and/or written communication from the school to be in English? _____
10. Can an adult family member or extended family member speak English? Yes No
11. Can an adult family member or extended family member read English? Yes No
12. Number of years the child received formal education outside of the United States? _____
13. Number of years the child received formal education within United States? _____
14. Number of years the child received formal education in Wisconsin? _____

STUDENT ETHNICITY

- Ethnicity Designation: (Must choose one.)**
- Hispanic or Latino** **Not Hispanic or Latino**
Optional Question: If chosen, select all that apply from the list below:
 Columbian Ecuadorian Guatemalan Mexican Puerto Rican Salvadoran
 Spaniard/Spanish/Spanish-American Unknown
- Race: (Choose one or more)**
- American Indian or Alaska Native**
Optional Question: If chosen, indicate what Tribe: _____ *Tribal Affiliation List*
- Asian**
Optional Question: If chosen, select all that apply from the list below:
 Burmese Chinese Filipino Hmong Indian Karen Korean Vietnamese
 Unknown
- Black or African American**
Optional Question: If chosen, select all that apply from the list below:
 African-American Ethiopian-Oromo Ethiopian Liberian Nigerian Somali
 Unknown
- Native Hawaiian or Other Pacific Islander**
- White**

Parent/Legal Guardian Signature: _____ Date: _____/_____/_____

Student Last Name: _____ **Student First Name:** _____ **Student Middle Name:** _____ **Date of Birth:** ____/____/____

STUDENT'S PRIMARY RESIDENCE (A parent's boyfriend/girlfriend or fiancé, living in the same house, is NOT a legal guardian)

<p>Street Address: _____ <div style="text-align: right;"><i>City/State/Zip Code</i></div></p> <p>First Parent/Guardian Full Name: _____</p> <p>Relationship to Student: _____</p> <p>Primary Phone # (____) _____ <input type="checkbox"/>Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Secondary Phone # (____) _____ <input type="checkbox"/>Home <input type="checkbox"/> Cell <input type="checkbox"/> Work</p> <p>Email: _____ (Email is needed for Family Access login)</p> <p>Employer Name _____ Work # (____) _____ Work hours/Days _____</p>	<p>Mailing Address (if different) _____ <div style="text-align: right;"><i>City/State/Zip Code</i></div></p> <p>Second Parent/Guardian Full Name: _____</p> <p>Relationship to Student: _____</p> <p>Primary Phone # (____) _____ <input type="checkbox"/>Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Secondary Phone # (____) _____ <input type="checkbox"/>Home <input type="checkbox"/> Cell <input type="checkbox"/> Work</p> <p>Email: _____ (Email is needed for Family Access login)</p> <p>Employer Name _____ Work # (____) _____ Work hours/Days _____</p>
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SIBLING INFORMATION: (AGE 18 AND UNDER RESIDING AT PRIMARY RESIDENCE ABOVE)

Student's LEGAL Name (Last Name, First Name, Middle Name)	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade	School Attending

STUDENT'S SECONDARY RESIDENCE (This section should be completed if both parents do **not** live in the primary household)

<p>Street Address: _____ <div style="text-align: right;"><i>City/State/Zip Code</i></div></p> <p>First Parent/Guardian Full Name: _____</p> <p>Relationship to Student: _____</p> <p>Primary Phone # (____) _____ <input type="checkbox"/>Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Secondary Phone # (____) _____ <input type="checkbox"/>Home <input type="checkbox"/> Cell <input type="checkbox"/> Work</p> <p>Email: _____ (Email is needed for Family Access login)</p> <p>Employer Name _____ Work # (____) _____ Work hours/Days _____</p>	<p>Mailing Address (if different) _____ <div style="text-align: right;"><i>City/State/Zip Code</i></div></p> <p>Second Parent/Guardian Full Name: _____</p> <p>Relationship to Student: _____</p> <p>Primary Phone # (____) _____ <input type="checkbox"/>Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Secondary Phone # (____) _____ <input type="checkbox"/>Home <input type="checkbox"/> Cell <input type="checkbox"/> Work</p> <p>Email: _____ (Email is needed for Family Access login)</p> <p>Employer Name _____ Work # (____) _____ Work hours/Days _____</p>
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Allow Family Access? Yes No **Food Service?** Yes No **Fee Management?** Yes No **Online Registration?** Yes No **Pick Child Up?** Yes No

SIBLING INFORMATION: (AGE 18 AND UNDER RESIDING AT PRIMARY RESIDENCE ABOVE)

Student's LEGAL Name (Last Name, First Name, Middle Name)	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade	School Attending

Student Last Name: _____

Student First Name: _____

Student Middle Name: _____

Date of Birth: ____/____/____

RESIDENCY VERIFICATION STATEMENT

The School District of the Menomonie Area requires that all students attending our schools be bona fide residents of the district. To be a bona fide resident, a student must be living with a parent or legal guardian by court order who is a resident of the district.

At the time of registration, the parent or guardian must provide proof of residency. Registration of a student who is not a resident is a fraudulent act. Any student found to have been fraudulently registered will be removed immediately. Parents or guardians making a fraudulent registration will be charged tuition for the time the child has been in attendance.

I certify that I understand the residency requirements and that I know the penalty for fraudulent registration.

Parent/Legal Guardian Signature: _____

Print Parent/Legal Guardian Name: _____ Date: ____/____/____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ **Relationship to Student:** _____ **Primary Phone #** (____) _____ Home Cell

Emergency Contact Name: _____ **Relationship to Student:** _____ **Primary Phone #** (____) _____ Home Cell

HEALTH INFORMATION

Physician Name: _____ **Clinic:** _____

Phone #(____) _____

Dentist Name: _____ **Clinic:** _____

Phone #(____) _____

Are there any Health Conditions? Any Action needed? Please Explain:

Daily Medication(s):

Other family information that the school needs to know? Please Explain :

MIGRANT STUDENT SURVEY

1. Within the last 3 years, has your child(ren) moved from one school district to another within the United States, with a parent, relative or guardian so that person could look for seasonal or temporary work in agriculture?
___ YES ___ NO If you answered NO, please stop. If you answered YES, please continue.

2. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Date: ____/____/____

3. Please check any of the agricultural activities listed below that you have looked for or worked in:

Plant or harvest vegetables or fruits / Canning vegetables or fruits / Detassel corn

Tobacco farm / Planting, pruning or cutting trees / Poultry/or egg farm

Dairy farm / Duck, turkey, chicken, pork or beef processing plant / Sod farm

Flora culture/gladiola farm / Aquaculture/fish hatcheries / Green house or plant nursery

I, the undersigned, do hereby authorize officials of the School District of the Menomonie Area to contact directly the persons named on this form, and do authorize the named physicians/dentists to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians or other persons named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I understand that this form will be shared with all school personnel that need to know this information to protect the life and safety of said child.

Parent/Guardian Signature: _____

Date: ____/____/____



215 Pine Ave NE, Menomonie WI 54751
Telephone 715-232-1642 / Fax 715-233-3235

REQUEST FOR STUDENT RECORDS

STUDENT NAME	DATE OF BIRTH	GRADE	START DATE (OFFICE USE ONLY)

Please Fax or Email:

TRANSCRIPTS and GRADES

Fax: 715-233-3235

Email: marinella_lee@msd.k12.wi.us

Email the IEP/ EVAL as soon as possible to: nicola_buss@msd.k12.wi.us

Then mail the following records to:

School District of the Menomonie Area-3444
Administrative Service Center
215 Pine Ave. NE
Menomonie, WI 54751

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|---|---|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Psychological Evaluation Reports |
| <input type="checkbox"/> Academic Performance Records | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Special Education Records | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Standardized Test Results | <input type="checkbox"/> Medication Orders / Plans |

Former School Information:

Former School Name:	Address:

Fax Number:	Phone Number:

Signature of Parent/Guardian

Date