



Port Edwards School District New Student Registration Form (02/10/2022)

Date of Enrollment _____ Grade _____

Type of Enrollment Resident Tuition Waiver Open Enrollment from another district – District Name: _____

Legal Name _____ Gender Female Male
(Last) (First) (Middle)

Name to used in the classroom, if different from legal name: _____
(Last) (First) (Middle)

Address _____
(Street) (City) (Zip)

Place of Birth _____ Birthdate _____ Bus Student? Yes No

GUARDIAN INFORMATION

Guardian 1: _____ Relationship to Student _____ Contact Order _____

Employer/Occupation _____

Home Address: _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Receive Mailings Yes No Emergency Contact Yes No

Guardian 2: _____ Relationship to Student _____ Contact Order _____

Employer/Occupation _____

Home Address: _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Receive Mailings Yes No Emergency Contact Yes No

Guardian 3: _____ Relationship to Student _____ Contact Order _____

Employer/Occupation _____

Home Address: _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Receive Mailings Yes No Emergency Contact Yes No

Child living with (check all that apply): Guardian 1 Guardian 2 Guardian 3 Other _____

Special Circumstances

(i.e. divorced, separated, etc.)

EMERGENCY CONTACTS– OTHER THAN GUARDIANS LISTED

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

HEALTH/MEDICAL INFORMATION

Does your child have any unusual health conditions? Yes No

Asthma Diabetes Heart Bee Allergy Convulsive seizures Food Allergy to _____

Other Allergies/Health Concerns _____

Medications _____ Epi-Phen Yes No

Family Physician _____ Phone _____ Family Dentist _____ Phone _____

If emergency treatment is required, and parents/guardians cannot be reached immediately, may the school authorities use their own judgment in calling the doctor indicated in this section, or if not available, an alternate doctor? Yes No

If no, what action should be taken? _____

To my knowledge I believe this student is able to participate in strenuous physical education classes. Yes No

If no, please state reason which are to be certified by a physician. _____

SPECIAL EDUCATION

Does your child receive special education services? Yes No

If yes, please describe _____

PREVIOUS SCHOOL INFORMATION

School Previous Attended _____

School Address _____
(Street) (City) (State) (Zip Code)

Has your child ever been expelled from a school district previously attended? Yes No

If yes, please state school name and reason for expulsion _____

PARENT/GUARDIAN SIGNATURE: _____

RACE/ETHNICITY

The U.S Department of Education requires all public schools to collect data on the race and ethnicity of all students and staff. Please answer the questions below.

Part I: Ethnicity Designation

Is the person Hispanic or Latino? Must choose one.

- Hispanic or Latino *[If selected go to Question I-A]*
- Not Hispanic or Latino *[If no, go to Question Part II]*

Optional Question I-A: If Hispanic or Latino was chosen above, select all that apply from the list below:

- Columbian
- Ecuadorian
- Guatemalan
- Mexican
- Puerto Rican
- Salvadoran
- Spaniard/Spanish/Spanish-American
- Decline to indicate
- Unknown
- Other

Part II: Race Designation

Select one or more of the following categories that apply to this person:

- American Indian or Alaska Native *[If selected go to question II-A]*

Optional Question II-A: If chosen, select only one tribal affiliation

- Bad River Band
- Forest County
- Ho-Chunk
- Lac Courte Oreilles
- Lac du Flambeau
- Menominee
- Oneida Nation (Wisconsin)
- Red Cliff
- Sokaogon
- St. Croix
- Stockbridge
- Brothertown
- Other *Please select value from this Tribal Affiliation List* _____

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- Asian *[If selected go to question II-B]*

Optional Question II-B: If chosen, select all that apply from the list below:

- Burmese
- Chinese
- Filipino
- Hmong
- Indian
- Karen
- Korean
- Vietnamese
- Decline to indicate
- Unknown
- Other

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- Black or African American *[If selected go to question II-C]*

Optional Question II-C: If chosen, select all that apply from the list below:

- African-American
- Ethiopian-Oromo
- Ethiopian-Other
- Liberian
- Nigerian
- Somali
- Decline to indicate
- Unknown
- Other

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- Native Hawaiian or Other Pacific Islander

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- White