

STUDENT ENROLLMENT FORM

STUDENT INFORMATION

Student Name _____ Female Male

Date of Birth _____ Last _____ First _____ MI _____ Email address _____

Was this student enrolled in a special education program? Yes No

If "yes", which program(s) _____

Any physical or emotional conditions school should be aware of? _____

Choose the one category that best represents the student's background:
____ American Indian or Alaskan Native
____ Asian or Pacific Islander
____ Black not of Hispanic origin
____ Hispanic
____ White nor of Hispanic origin

ENROLLMENT IN PECATONICA SCHOOL DISTRICT

_____ **Transferring to Pecatonica**
(date) _____
Public _____ Private _____ Home _____ Other _____

_____ **Transferring WITHIN Pecatonica District**
(date) _____
Home _____ Private _____ Alternative _____

FOR OFFICE USE ONLY

Special Ed. _____
Open In _____
Non Resident-School Dist # _____
Open Out _____
Resident -School Dist # _____
Entry Code _____
School # 100/400 _____
Cafeteria 100/400 _____
RECORDS CHECK LIST

<u>SCHOOL ENTERING FROM</u>	<u>PECATONICA AREA SCHOOL DISTRICT</u>
_____ Name of School/District	_____ Pecatonica Area Schools Name of School/District
_____ Street Address	_____ 704 Cross Street, P.O. Box 117 Street Address
_____ City - State - Zip	_____ Blanchardville, WI 53516 City - State - Zip
Grade _____ Teacher _____	Grade _____ Attn: <u>Student Records</u>

PERMISSION TO RELEASE RECORDS

I, the undersigned parent/guardian, give permission to the officials of present school to release and send progress reports, transcripts, test results, behavioral records, health records, psychological and other pertinent reports regarding my child to Pecatonica School District at address above. Attn: Student Records.

Signature _____ Date _____

PARENT/GUARDIAN: PLEASE COMPLETE REVERSE SIDE ALSO

FOR PECATONICA SCHOOLS USE ONLY

RECORDS PROCESSED Requested Received Sent

ELIGIBILITY TO ATTEND PECATONICA AREA SCHOOLS

Please check the appropriate statement below:

Yes _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	No _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	1. Both parents are legal residents of the Pecatonica Area Schools. 2. Custodial parent is a legal resident of Pecatonica Area Schools. 3. Legal guardian is a legal resident of Pecatonica Area Schools. 4. Student is assigned to a foster home located within the boundaries of Pecatonica Schools by social services. 5. Student is a foreign or American exchange student and is assigned to a family which is a legal resident of Pecatonica Schools (not to exceed one year). 6. Student is temporarily residing with a family which is a legal resident of Pecatonica Area Schools. 7. Student is attending a special education program in Pecatonica Area Schools. 8. Limitations exist on non-custodial parent on parental rights. Please specify _____ _____
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_____ Resident	Home address _____	PO Box _____	Phone _____
			Fax # _____
_____ Nonresident	_____		
	County _____	Township _____	

FAMILY INFORMATION

Parent's Name _____	Phone _____
Home Address _____	Fax # _____
_____	Email Address _____

Employer _____	Phone _____
Address _____	Extension _____

Parent's Name _____	Phone _____
Home Address _____	Fax # _____
_____	Email Address _____

Employer _____	Phone _____
Address _____	Extension _____

Guardian's Name _____	Phone _____
Home Address _____	Fax # _____
_____	Extension _____

Employer _____	Phone _____
Address _____	Extension _____
_____	Email Address _____

Please list any other children living with you who are age 19 or under:

First Name	Last Name	Birth Date	Male	Female

PECATONICA AREA SCHOOL DISTRICT

HOME LANGUAGE SURVEY

Please answer the following questions for each student:

1. Is a language other than English spoken in the home on a regular basis?
 Yes
 No

2. Does the student use language other than English on a regular basis?
 Yes
 No

3. Is the student currently receiving English Language Learner services?
 Yes
 No

If any question is marked “Yes” then the District has a legal obligation to evaluate for limited-English proficiency following the WI identification process.