



Merton Community School District
STUDENT REGISTRATION INFORMATION

20__-20__ Academic Year

Proof of residency and original birth certificate may be required when completed registration form is returned to school

Student's Legal Name _____ Grade _____

Last First M.I.

Current Street Address: (This address is where the student sleeps each evening)

Home Phone () _____
Street City Zip

Mailing Address: _____ Enrollment Date _____
(If different than current street address) (Fill out if not first day of school)

Date of Birth: _____ City, County & State of birth: _____

Birth Certificate Verification (office only) Y_____ N_____ Gender (circle one) M F

Child's Ethnicity:

Is this student Hispanic or Latino?

- No, not Hispanic or Latino
Yes, Hispanic or Latino

Choose one or more race (regardless of ethnicity):

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

Child resides with (circle one) Both parents Mother Father Guardian Other _____

FAMILY 1 INFORMATION

Parent/Guardian 1: _____ Home Phone () _____

Work Phone () _____ Cell Phone () _____

Relationship to student: _____

Address: (if different from above) _____

Email Address (required) _____

Parent/Guardian 1 Spouse: _____ Home Phone () _____

Work Phone () _____ Cell Phone () _____

Relationship to student: _____

Address: (if different from above) _____

Email Address (required) _____

Parent in Military information required by Wisconsin DPI: Is either parent or guardian on active duty in the military?
Is either parent or guardian a traditional member of the Guard or Reserve?
Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?

- Yes No
Yes No
Yes No

FAMILY 2 INFORMATION

Parent/Guardian 2: _____ Home Phone () _____
 Work Phone () _____ Cell Phone () _____
 Relationship to student: _____
 Address: (if different from above) _____
 Email Address (**required**) _____

Parent/Guardian 2 Spouse: _____ Home Phone () _____
 Work Phone () _____ Cell Phone () _____
 Relationship to student: _____
 Address: (if different from above) _____
 Email Address (**required**) _____

Parent in Military information required by Wisconsin DPI: Is either parent or guardian on active duty in the military? Yes No
 Is either parent or guardian a traditional member of the Guard or Reserve Yes No
 Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? Yes No

SIBLING INFORMATION

Name	Gender	Birthdate	Current School

EMERGENCY INFORMATION (Parent//Guardian will be contacted first)

Emergency Name	Home Phone	Cell Phone	Relationship to Student

STUDENT HEALTH INFORMATION

Does your child have any special health concerns? Yes No Explain _____
 Allergies Yes No Allergic to _____
 Asthma Yes No _____
 Does your child take emergency or as needed meds for asthma? Yes No _____
 Congenital (from birth) Disorder Yes No _____
 Blood Disorder Yes No _____
 Diabetes Yes No _____
 Heart Condition Yes No _____
 Seizure Disorder Yes No _____
 Is your child currently taking medication? Yes No _____
 Will he/she need to take medication at school? Yes No _____

If yes, a signed **Medication Permission Form** must be filed in the school office.
 Medications must be provided to the school office in original packaging or container.

HOME LANGUAGE SURVEY

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

1. Was the first language used by this student English?

- Yes: Go to Question 2
- No: Go to Question 3

2. When at home, does this student hear or use a language other than English more than half of the time?

- Yes: Go to Question 4
- No: Please sign at bottom

3. When at home, does this student hear or use a language other than English more than half of the time?

- Yes: Language: _____ *Please sign at bottom*
- No: Go to Question 4

4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?

- Yes: Language: _____ *Please sign at bottom.*
- No: Go to Question 5

5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?

- Yes: Language: _____ *Please sign at bottom.*
- No: Go to Question 6

6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?

- Yes: Language: _____ *Please sign at bottom*
- No: Go to Question 7

7. Is this student a Native American, Native Alaskan, or Native Hawaiian?

- Yes: Go to Question 8
- No: Go to Question 9

8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?

- Yes: Language: _____ *Please sign at bottom*
- No: Go to Question 9

9. Has this student recently moved from another school district where they were identified as an English Learner?

- Yes: Language: _____ *Please sign at bottom*
- No: *Please sign at bottom*

Parent/Guardian Signature _____

Date _____

HLS Result (office only): **Screen / Do not Screen**

HOME LANGUAGE SURVEY CONTINUED

Languages other than English used by student: _____

Parent/Guardian preference for languages used for school communications

Parent/Guardian name: _____

Oral Communication: _____

Written Communication: _____

Parent/Guardian name: _____

Oral Communication: _____

Written Communication: _____

IMMUNIZATION HISTORY

Complete immunization records are required for enrollment in the Merton Community School District.

Please provide a copy of your child's immunization history with these forms.

Immunization records provided (office only) Y____ N____ Date: _____

LAST SCHOOL OR DISTRICT ATTENDED

School/District Name: _____

Address _____

Phone () _____

Fax () _____

Does this student currently have an Individualized Education Plan?

Yes

No

Has your student ever had an Individualized Education Plan?

Yes

No

If yes for either, please list an IEP contact name and title _____

School/Agency _____ Phone () _____

I authorize the sharing of pertinent medical information by the school district with school personnel, the bus company and others deemed necessary and appropriate by the school.

Parent/Guardian Signature _____

Date _____

I authorize school personnel to call emergency medical response/or emergency ambulance or rescue squad in cases of emergency, serious accident or illness.

Parent/Guardian Signature _____

Date _____

Signature below also authorizes the Merton Community School District to release to the Arrowhead Union High School District standardized assessment and other achievement data on my child as it becomes available during the 8th grade year, for programmatic and planning purposes.

Parent/Guardian Signature _____

Date _____