

2017-18

Enrollment & Census Form – One form per child

Office Use	
Student # _____	
Entrance Date _____	
WSN # _____	

School District of New Auburn

704 N East Street, PO Box 110, New Auburn, WI 54757

715-237-2202 715-237-2505 Fax 715-237-2350

Registration: ____ In School ____ Ed Ventures

Student Information: Does Student have an IEP? ____ YES ____ NO If Yes - Specify _____

First Name, MI, Last Name – Please print			Grade	Birthdate	M/F
Birthplace: City		County	State	US Citizen (circle one) YES NO	
Parent/Guardian Circle: Mother Step-Mother Foster Mother Circle: Father Step-Father Foster Father			Parents are: ____ Married ____ Divorced ____ Separated ____ Single ____ Widowed		
Parents Phone Number(s) – Home – Cell(s)			Student Cell Number		

Primary Physical Address, City, State, Zip

Village/Township _____ County _____

Distance to School in Miles _____

Mailing Address – Check if Same _____

Check ALL that APPLY	Is Student Hispanic or Latino? ____ YES ____ NO
____ American Indian or Alaska Native	____ Asian
____ Native Hawaiian or Other Pacific Islander	____ African American
____ White (non-Hispanic)	

Primary Contact Info: Receive Mailings

Parent/Guardian _____

Mailing Address _____

City, State, Zip _____

Fire # _____ Highway _____ Nearest Neighbor _____

Contact Phone Number _____ Work Phone Number _____

Email _____

Secondary Contact Info: ____ Receive Mailings

Parent/Guardian _____

Mailing Address – Check if Address is Same ____

City, State, Zip _____

Fire # _____ Highway _____ Nearest Neighbor _____

Contact Phone Number _____ Work Phone Number _____

Email _____

Emergency Contact Info – other than parent/guardian:

Name(s) _____

Phone Number(s) _____ Relationship _____

When Emergency Treatment is required and the parents cannot be reached, I grant permission for my child to be given immediate treatment by a physician at the preferred hospital if possible, or the closest medical facility, if the preferred is not available.

Parent/Guardian Signature _____

Unusual Health Condition – Please specify _____

Hospital Preference _____ Phone Number _____

Special Instructions _____

Allergies or Other Information we should be aware of – Please be specific

← Please Complete Other Side →
If You Have Children Birth to 5 – NOT Enrolled in School

Census Information

All Children in Household

Birth to 5 Years Old – Not Enrolled in School

First Name, MI, Last Name – Please print

_____|_____|_____|_____|_____
M/F Age Birthdate Birthplace: City, County, State

Parent(s) ____ Check if same as on front

First Name, MI, Last Name – Please print

_____|_____|_____|_____|_____
M/F Age Birthdate Birthplace: City, County, State

Parent(s) ____ Check if same as on front

First Name, MI, Last Name – Please print

_____|_____|_____|_____|_____
M/F Age Birthdate Birthplace: City, County, State

Parent(s) ____ Check if same as on front

First Name, MI, Last Name – Please print

_____|_____|_____|_____|_____
M/F Age Birthdate Birthplace: City, County, State

Parent(s) ____ Check if same as on front

Check ALL that APPLY – Is the Child:

____ YES ____ NO US Citizen?
____ YES ____ NO Hispanic or Latino?
____ American Indian or Alaska Native ____ Asian
____ Native Hawaiian or Other Pacific Islander ____ African American
____ White (non-Hispanic)

Check ALL that APPLY – Is the Child:

____ YES ____ NO US Citizen?
____ YES ____ NO Hispanic or Latino?
____ American Indian or Alaska Native ____ Asian
____ Native Hawaiian or Other Pacific Islander ____ African American
____ White (non-Hispanic)

Check ALL that APPLY – Is the Child:

____ YES ____ NO US Citizen?
____ YES ____ NO Hispanic or Latino?
____ American Indian or Alaska Native ____ Asian
____ Native Hawaiian or Other Pacific Islander ____ African American
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