

# Enrollment & Census Form – One form per child

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

Office Use	
Student #	_____
Entrance Date	_____
WSN #	_____

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 | YES NO  
US Citizen (circle one)

\_\_\_\_\_  
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

\_\_\_\_\_  
Mailing Address – Check if Same \_\_\_\_\_

\_\_\_\_\_  
Village/Township | County

<u>Check ALL that APPLY</u>	
Is Student Hispanic or Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> African American
<input type="checkbox"/> White (non-Hispanic)	

\_\_\_\_\_  
Distance to School in Miles

Primary Contact Info:  Receive Mailings

Secondary Contact Info:  Receive Mailings

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address – Check if Address is Same \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Fire # | Highway | Nearest Neighbor

\_\_\_\_\_  
Fire # | Highway | Nearest Neighbor

\_\_\_\_\_  
Contact Phone Number | Work Phone Number

\_\_\_\_\_  
Contact Phone Number | Work Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
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

\_\_\_\_\_  
Hospital Preference | Phone Number

\_\_\_\_\_  
Unusual Health Condition – Please specify

\_\_\_\_\_  
Special Instructions

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

PLEASE COMPLETE PAGE 2  
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
- 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)