

Mosinee Middle School 2017-2018

If any information changes,
you must notify the school.

Student Registration Form

STUDENT LEGAL NAME (Last)		(First)	(Middle – Name)
BIRTH (Month/Day/Year)	GRADE ENTERING	FIRST DAY OF SCHOOL	SEX (Circle One) Male Female
BIRTH CITY	BIRTH COUNTY	BIRTH STATE	STUDENT CELL PHONE NUMBER
ETHNICITY (must be answered) Do you have a Hispanic / Latino background? <input type="checkbox"/> Yes <input type="checkbox"/> No		SIBLINGS/DOB 1. _____ 2. _____ 3. _____ 4. _____	
RACE (select at least one of the following categories that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
CHILD'S PRIMARY LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Hmong <input type="checkbox"/> Spanish <input type="checkbox"/> Polish <input type="checkbox"/> Other _____			

PRIMARY RESIDENCE			
GUARDIAN (First, Last)		GUARDIAN (First, Last)	
RELATIONSHIP	EMERGENCY CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	RELATIONSHIP	EMERGENCY CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS (Street)			
(City/State/Zip)			
(Mailing Address, if different)			
TELEPHONE (Home)	(Work)	(Cell)	TELEPHONE (Home)
		(Work)	(Cell)
E-MAIL (used for Family Access/Notifications)		E-MAIL (used for Family Access/Notifications)	
EMPLOYER	EMPLOYER PHONE	EMPLOYER	EMPLOYER PHONE

SECONDARY RESIDENCE (if applicable)			
GUARDIAN (First, Last)		GUARDIAN (First, Last)	
RELATIONSHIP	EMERGENCY CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	RELATIONSHIP	EMERGENCY CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS (Street)			
(City/State/Zip)			
(Mailing Address, if different)			
TELEPHONE (Home)	(Work)	(Cell)	TELEPHONE (Home)
		(Work)	(Cell)
E-MAIL (used for Family Access/Notifications)		E-MAIL (used for Family Access/Notifications)	
EMPLOYER	EMPLOYER PHONE	EMPLOYER	EMPLOYER PHONE

Additional information: Custody arrangements, pick up information, etc. Please provide custodial paperwork if applicable.

Please complete both sides of form.
Signature required.

- - - OVER - - -

If any information changes, you must notify the school.

PREVIOUS SCHOOL NAME	CITY	STATE
----------------------	------	-------

STUDENT EDUCATIONAL INFORMATION:			
Has the student been expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student been homeschooled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, was there a manifestation hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have an IEP (Individualized Education Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how long was your child in an Alternative Educational Setting? _____		Has the student been advanced/retained?	<input type="checkbox"/> Yes <input type="checkbox"/> No

INDICATE IF YOUR CHILD HAS BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM OR HAD ACCOMMODATIONS FOR ANY OF THE FOLLOWING PROGRAMS:	
<input type="checkbox"/> None <input type="checkbox"/> Current <input type="checkbox"/> History	
<input type="checkbox"/> Cognitive Disabilities / Moderate	<input type="checkbox"/> Autism
<input type="checkbox"/> Cognitive Disabilities / Severe	<input type="checkbox"/> Specific Learning Disabilities
<input type="checkbox"/> Emotional/Behavioral Disabilities	<input type="checkbox"/> Deaf/Hard of Hearing
<input type="checkbox"/> Significant Development Delay	<input type="checkbox"/> Other
<input type="checkbox"/> Gifted / Talented	<input type="checkbox"/> Title I Reading
<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Speech / Language
	<input type="checkbox"/> Visual Impairment
	<input type="checkbox"/> 504 Plan
	<input type="checkbox"/> Traumatic Brain Injury
	<input type="checkbox"/> ELL

FAMILY DOCTOR (Name, Address and Phone)	FAMILY DENTIST (Name, Address and Phone)
---	--

IN CASE OF AN EMERGENCY, IF PARENT / GUARDIAN CANNOT BE REACHED, PLEASE CALL (Name, Relationship and Phone) (local, daytime numbers)		
<u>Name (other than self)</u>	<u>Relationship</u>	<u>Daytime Phone Number</u>
1. _____		
2. _____		

Parental / Guardian Permissions

For All Students		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission to share my child's immunization records with the Wisconsin Immunization Registry and my Immunization Provider for the purpose of maintaining a complete and accurate record to assist in assuring full immunization.
You are hereby notified that the Mosinee School District designates the following personally identified information contained in the student's education record as "Directory Information" and may disclose that information without prior written consent:		
1. The student's name	6. The student's participation in officially recognized activities and sports	
2. The student's address	7. The student's weight and height if a member of an athletic team	
3. The student's telephone listing	8. The student's dates of attendance	
4. The student's date and place of birth	9. The student's photograph	
5. The student's major field of study	10. The student's degrees and awards	
	11. The name of the school previously attended by the student	
After the parent/guardian or eligible student has been notified, they will have two weeks to advise the school district in writing (a letter to the superintendent's office) of any or all of the items they refuse to permit the district to designate as directory information about that student.		
At the end of the two week period, each student's record will be appropriately marked by the records custodian to indicate items the district will designate as directory information about the student. The designation will remain in effect until it is modified by the written direction of the student's parent / guardian or the eligible student.		
You are also hereby notified that school districts are now required to make student records available to "law enforcement officers who are individually designated by the school board and assigned to the school district" in addition to district employees who have been required by the DPI to hold a license and to other school district officials who have been determined by the school board to have legitimate educational interests in the records.		
Also, the district forwards records to other schools that have requested the records and in which the student seeks or intends to enroll or is already enrolled, as long as the disclosure is for purposes related to the student's enrollment or transfer.		
<i>If an injury occurs and requires immediate medical treatment, the nearest medical facility will be requested to treat the child. This form signed by the parent or legal guardian will accompany the child and act as an authorization for emergency care. An ambulance or other appropriate transportation will be used to transport the child. The parent or guardian will be sought by school and / or hospital personnel.</i>		
SIGNATURE OF PARENT / GUARDIAN OR LEGAL AGE STUDENTS (required)		DATE

- - - OVER - - -

Revision 2/12/18

FOR OFFICE USE ONLY: <input type="checkbox"/> Planner/Date: _____	<input type="checkbox"/> Photo Taken	<input type="checkbox"/> School Records Screened	<input type="checkbox"/> Interview _____
			Interviewer _____

The Mosinee School District shall not discriminate on the basis of sex, race, color, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation, handicap or physical, mental, emotional or learning disability or any other characteristic protected by state or federal law in the educational programs or activities which it operates or in employment practices. All inquiries or complaints regarding discrimination under Title II, Title IX, Section 504 or other state or federal law shall be directed to Julie Schell, Director of Instructional Programs, Mosinee School District, 591 West Highway 153, Mosinee, WI 54455 at 715-693-2530.