

MOSINEE SCHOOL DISTRICT 2019-20 MOSINEE MIDDLE SCHOOL - STUDENT REGISTRATION FORM

(IF ANY INFORMATION CHANGES - YOU MUST NOTIFY THE SCHOOL)

STUDENT INFORMATION					
STUDENT LEGAL NAME: (Last)		(First)		(Middle Name)	
BIRTH (Month/Day/Year)	GRADE ENTERING	FIRST DAY OF SCHOOL	SEX (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	STUDENT CELL PHONE NUMBER	
BIRTH CITY		BIRTH COUNTY	BIRTH STATE	STUDENT HOME E-MAIL	
ETHNICITY (must be answered) Do you have a Hispanic/Latino background? <input type="checkbox"/> Yes <input type="checkbox"/> No			SIBLINGS/DOB		
RACE (select at least one of the following categories that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White			1. _____ DOB _____		
CHILD'S PRIMARY LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Hmong <input type="checkbox"/> Spanish <input type="checkbox"/> Polish <input type="checkbox"/> Other: _____			2. _____ DOB _____		
			3. _____ DOB _____		
			4. _____ DOB _____		
PRIMARY RESIDENCE					
GUARDIAN (Last) (First)			GUARDIAN (Last) (First)		
RELATIONSHIP to Student		EMERGENCY CONTACT <input type="checkbox"/> Yes <input type="checkbox"/> No		RELATIONSHIP to Student	
				EMERGENCY CONTACT <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDRESS (Street)					
CITY/STATE/ZIP					
MAILING ADDRESS (If different)					
PHONE (Home)		(Work)	(Cell)	PHONE (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 (Last) (First)			GUARDIAN (Last) (First)		
RELATIONSHIP to Student		EMERGENCY CONTACT <input type="checkbox"/> Yes <input type="checkbox"/> No		RELATIONSHIP to Student	
				EMERGENCY CONTACT <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDRESS (Street)					
CITY/STATE/ZIP					
MAILING ADDRESS (If different)					
PHONE (Home)		(Work)	(Cell)	PHONE (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)

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 student in an Alternative Educational Setting? _____	Has the student been advanced/retained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
INDICATE IF STUDENT 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"/> Intellectual Disabilities/Moderate <input type="checkbox"/> Autism <input type="checkbox"/> Specific Learning Disabilities <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Early Childhood <input type="checkbox"/> Intellectual Disabilities/Severe <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Title I Reading <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Other <input type="checkbox"/> Emotional/Behavioral Disabilities <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Speech/Language <input type="checkbox"/> 504 Plan <input type="checkbox"/> Significant Development Delay <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> ELL		
FAMILY DOCTOR (Name, Address, Phone)	FAMILY DENTIST (Name, Address, Phone)	
IN CASE OF AN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CALL: (Name, Relationship to Student, and Phone - local daytime numbers)		
Name (other than self)	Relationship to Student	Daytime Phone Number
1. _____	_____	_____
2. _____	_____	_____
PARENT IN THE MILITARY		
Is either parent or guardian on active duty in the military?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Begin date: _____ End date: _____		
Is either parent or guardian a traditional member of the Guard or Reserve?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Begin date: _____ End date: _____		
Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Begin date: _____ End date: _____		

PARENTAL/GUARDIAN PERMISSIONS

FOR ALL STUDENTS			
<input type="checkbox"/> Yes <input type="checkbox"/> No I give permission to share my student'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.			
<p>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.</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> 1. The student's name 2. The student's address 3. The student's telephone listing 4. The student's date and place of birth 5. The student's major field of study 6. The student's participation in officially recognized activities and sports </td> <td style="width:50%; vertical-align: top;"> 7. The student's weight and height, if a member of an athletic team 8. The student's dates of attendance 9. The student's photograph 10. The student's degrees and awards 11. The name of the school previously attended by the student </td> </tr> </table> <p>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.</p> <p>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 that 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.</p> <p>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.</p> <p>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.</p> <p><i>If an injury occurs and requires immediate medical treatment, the nearest medical facility will be requested to treat the student. 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 student. The parent or guardian will be sought by school and/or hospital personnel.</i></p>		1. The student's name 2. The student's address 3. The student's telephone listing 4. The student's date and place of birth 5. The student's major field of study 6. The student's participation in officially recognized activities and sports	7. The student's weight and height, if a member of an athletic team 8. The student's dates of attendance 9. The student's photograph 10. The student's degrees and awards 11. The name of the school previously attended by the student
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SIGNATURE OF PARENT/GUARDIAN OR LEGAL AGE STUDENT (required)	DATE		

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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 _____
<p>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 State Highway 153, Mosinee, Wisconsin 54455 at 715-693-2530.</p>