



SCHOOL DISTRICT OF ALTOONA

1903 Bartlett Avenue
Altoona, WI 54720

Enrollment/Census Form

Voice: 715-839-6032
Fax: 715-839-6066
Web: <http://www.altoona.k12.wi.us>

The parent/guardian of a child enrolling will submit immunization records and proof of residency.

STUDENT NAME: First Middle Last			Gender	DATE OF BIRTH
			<input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.

The federal government requires all states to collect Race/Ethnicity information. Please answer BOTH Questions 1 and 2. The Hispanic/Latino part of Question 1 is about ethnicity, not race. No matter what you selected for Question 1, please continue to answer Question 2 by marking one or more boxes to indicate what you consider your child's race to be.

1. Are you Hispanic or Latino?	2. Are you: (Choose one or more. You must select at least one.)		
<input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White

An original copy of the Birth Certificate must be present at time of registration for verification by school personnel.

BIRTH CITY	BIRTH STATE	BIRTH COUNTY	BIRTH COUNTRY

GRADE	CHRONIC ILLNESS and/or DISABILITIES	MEDICATIONS

COUNTY STUDENT RESIDES IN	CITY/TOWNSHIP STUDENT RESIDES IN (Please ✓)
	<input type="checkbox"/> Altoona <input type="checkbox"/> Washington <input type="checkbox"/> Eau Claire <input type="checkbox"/> Lincoln <input type="checkbox"/> Other _____

Is this the first time this student has enrolled in a Wisconsin School? Yes No

FIRST FAMILY (Primary residence of student)

Name	Gender	Relationship	Place of Employment & Telephone No.
1.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	
2.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	

Home Address:

Primary Telephone:

Parent 1 E-mail: Parent 2 E-mail:

SECOND FAMILY (If applicable)

Name	Gender	Relationship	Place of Employment & Telephone No.
1.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	
2.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	

Home Address:

Primary Telephone:

Parent 1 E-mail: Parent 2 E-mail:

◆ School Districts "must give full rights with regard to pupil records to either parent, unless there is a court order or other legally binding document relating to divorce, separation or custody that specifically revokes these rights." (DPI Bulletin No. 98.02)

◆ A parent may release records to a stepparent, but the stepparent has no independent right to the record, UNLESS the stepparent is a legal guardian. (Unity Sch. Dist., IDEA Dec. No. 98-105)

OTHER CHILDREN UNDER AGE 21 LIVING IN HOUSEHOLD

Name: First Middle Last	GRADE	School	Gender	Date of Birth
<input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	
<input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	
<input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	

PREVIOUS SCHOOL ATTENDED
Name:
Address:
City/State/Zip:

EMERGENCY CONTACT (Relative, neighbor, etc.)	
Name	Telephone No.

IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I REQUEST THE SCHOOL TO CONTACT ME. IF THE SCHOOL IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO CALL THE HEALTHCARE PROVIDER INDICATED BELOW AND FOLLOW HIS/HER INSTRUCTIONS. IF NOT POSSIBLE TO REACH THE HEALTHCARE PROVIDER, TRANSFER THE STUDENT TO THE HOSPITAL LISTED BELOW.

I certify that all information is complete and correct. I am the child's parent or legal guardian, or I am the student age 18 or older.

Parent/Guardian Signature	Date	Healthcare Provider Name	Phone	Hospital
Office Use Only	Enrollment Date	Date Records Requested	Date Records Received	