

Please PRINT all information

School District of Black River Falls

Enrollment Date _____

Name of person verifying information on birth certificate _____

Student Registration Form

Grade _____

Student Name _____
First Middle Last

Physical Address _____
Street or Fire Number Address City Zip Code

Mailing Address _____
P O Box City Zip Code

Township _____ Miles from school _____ Date of Birth _____
Month Day Year

Student's Social Security Number _____ Cell Telephone - Mom _____
Dad _____

e-mail address – Mom _____ Dad _____

Birthplace _____
City State County Country

Siblings:

Name	Date of Birth	School	Grade

Is this student Hispanic or Latino? Yes _____ No _____ Gender (circle one) Male Female

Ethnic Category (circle at least one) White American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander

Primary Language (circle one) English Spanish Chinese Portuguese Other _____

Mother's Name _____
First Middle Last

Work Telephone _____
Home Telephone _____

Address _____
(if different from child's) Street or Fire Number Address

City/State/Zip Code

Mother's Employer _____

Father's Name _____
First Middle Last

Work Telephone _____
Home Telephone _____

Address _____
(if different from child's) Street or Fire Number Address

City/State/Zip Code

Father's Employer _____

Student lives with (circle only one): Both parents Parent/Stepparent Mother only Father only
Legal Guardian Alone Both Parents Alternately Foster Home Relative

Court Order Regarding Custody Yes _____ No _____ If yes, court order MUST be on file in the school office
revised 12 23 09

Emergency Information

In case of emergency or illness and the parent/guardian cannot be reached, does the school have permission to contact a doctor? Yes _____ No _____ Emergency contact other than parent/guardian:

_____	_____	_____
Name (Please Print)	Relationship	Telephone Number
_____	_____	_____
Name (Please Print)	Relationship	Telephone Number

If the parent/guardian and emergency contacts cannot be reached, the Sheriff's Department will be contacted.

Does the student have: Hearing Difficulty ___ Vision Difficulty ___ Diabetes ___ Seizures ___ Allergies ___
Asthma ___ Heart Problems ___

Is this student under medical supervision and/or medication for a health problem? No ___ Yes ___ (please describe)

Has there been a noticeable change in health this past year? No ___ Yes ___ (please describe)

Can medical information be shared with school staff involved with your child? Yes ___ No ___

If, in the judgment of the school authorities, emergency treatment is required, I authorize my child to be transported by ambulance to a hospital for treatment. I also understand that the ambulance does reserve the right to convey the patient to the nearest definitive care hospital should they deem it necessary. I hereby authorize the physician(s) at the hospital to give emergency treatment to my child.

SIGNATURE of Parent/Guardian _____ Date _____

Transfer Student Data

Intake completed by [school personnel] _____

Official BRF entry date _____

School transferred from _____

Address/phone # _____

Contact Person _____

Reason for transfer: _____

Retained? No ___ Yes ___ If yes, which grade? _____

Current grade placement (High School Only) ___ # of credits accumulated (High School Only) ___

I affirm that this student is not involved in a current expulsion.

Instructional/Support Data:

Parent signature & date _____

Does this student have medication needs related to capacity to learn? None or If yes, explain _____

Has this student been receiving instructional support? _____ Not applicable

Counseling _____

Title I Reading Math 504 _____

Special Education: Type of program _____

_____ *Complete* IEP records are included in transfer data

_____ *Special Ed records sent to school psychologist* on _____

_____ *No records included* – IEP file sent for on _____

Person contacted _____

Phone # _____

Feedback _____

_____ *Copy of record request sent to school psychologist* on _____

Other pertinent data related to learning needs: _____