## School District of Black River Falls Student Registration Form

## **REQUIRED**

Proof of Birth Viewed By Sta	att			Enrollment	Date	
	type of docum	nent initials/date			Grade	
Student Name	First		Middle		Loot	
	rirst		wiidale		Last	
Date of BirthMonth	Day Y	 ear	Township _			
		<b>-</b>				
BirthplaceCity		State	County		Country	
Student lives with (circle only one): Both Parents Alternately Foster H	•		Mother Only	Father Only	Legal Guardian	Alone
Court Order Regarding Custody: Ye	es No	If yes, court orde	er MUST be on fi	le in the school o	ffice	
Siblings in Household:						
Name	Date o	of Birth	School			Grade
Is this student Hispanic or Latino?  Ethnic Category (circle all that apply  Primary Language (circle one) Engl	v) White Americ	can Indian or Alaska Na	tive Asian Bla	ck or African Amer	Male Female rican or Other Par	cific Islande
Custodial Parent(s)						
Mother/Guardian Name						
	First		Middle	Last		
Work Number	Home Num	nber		Cell Number		
Email Address						
Father/Guardian Name						· · · · · · · · · · · · · · · · · · ·
	First		Middle	Last		
Work Number	Home Num	nber		Cell Number		
Email Address						
Physical Address						
,		ire Number			City/State/Zip Code	

## Non-Custodial Parent(s)

Mother/Guardian Name					
	First	Middle	Last		
Work Number	nber Home Number		Cell Number		
Email Address					
Father/Guardian Name					
	First	Middle	Last		
Work Number	Number Home Number		Cell Number		
Email Address					
Physical Address					
•	Street or Fire Number		City/State/Zip Code	9	
	Emerger	ncy Information			
In case of an emergency or illn Yes No	ess and the parent/guardian cannot be	•	ol have permission to contact a do	ctor?	
103110	<b>Emergency Contacts</b>	other than parent/	guardian:		
l auth	horize the school to contact regarding	-	_		
Name (Please Print)		Relationship		Telephone Number	
rvaine (i le	ase i iiii)	Relationship	releptione Nutr	IDGI	
Name (Please Print)		Relationship	Telephone Num	elephone Number	
If the narent/quardian and eme	ergency contacts cannot be reached, the	s Shariff's Danartment v	vill he contacted		
ii tile parentyguardian and eme	rgency contacts cannot be reached, the	onemi s Department w	viii be contacted.		
	g Difficulty Diabetes Seizure upervision and/or medication for a healt				
Can medical information he sh	ared with school staff involved with your	r child? Yes No			
	ool authorities, emergency treatment		ze my child to be transported by	ambulance to a	
	understand that the ambulance does				
nospital snould they deem it	necessary. I hereby authorize the ph	ysician(s) at the nosp	ital to give emergency treatment	to my chila.	
SIGNATURE OF PARENT/GU	IARDIAN		DATE		
	Transfer	r Student Data			
School Transferred From					
	School Name and/or Telephone N		City	State	
l offirm that this atualant	tio not involved in a augment av	enulaian			
i aniiriii urat uris student	t is not involved in a current ex	puision.			
			Parent Signature & Date		
Instructional/Support Da		itu ta laamaa Ni	oo or If was sample:		
Does this student have m	edication needs related to capaci	ny to learn? Nor	ne or If yes, explain		
	0=1 0		M.D. 0. W.		
Has this student been rec	eiving Special Education Service	s. Health Plan or 50	)4 Plan? Yes No		