

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 \_\_\_\_\_

Work Telephone \_\_\_\_\_  
Home Telephone \_\_\_\_\_

Father's Name \_\_\_\_\_  
First Middle Last

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: \_\_\_\_\_