

**School District of Black River Falls  
Student Registration Form**

**REQUIRED**

Proof of Birth Viewed By Staff \_\_\_\_\_ Enrollment Date \_\_\_\_\_  
type of document initials/date Grade \_\_\_\_\_

Student Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Township \_\_\_\_\_  
Month Day Year

Birthplace \_\_\_\_\_  
City State County Country

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

**Siblings in Household:**

Name	Date of Birth	School	Grade

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

Ethnic Category (circle all that apply) White American Indian or Alaska Native Asian Black or African American  
 Other Pacific Islander Primary Language (circle one) English Spanish Chinese Other \_\_\_\_\_

**Custodial Parent(s)**

Mother/Guardian Name \_\_\_\_\_  
First Middle Last

Work Number \_\_\_\_\_ Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 Father/Guardian Name \_\_\_\_\_  
First Middle Last

Work Number \_\_\_\_\_ Home Number \_\_\_\_\_  
 Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

Physical Address Street/Fire Number \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

## Non-Custodial Parent(s)

Mother/Guardian Name \_\_\_\_\_

First

Middle

Last

Work Number \_\_\_\_\_ Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

First

Middle

Last

Work Number \_\_\_\_\_ Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Street or Fire Number

City/State/Zip Code

### Emergency Information

In case of an emergency or illness and the parent/guardian cannot be reached, does the school have permission to contact a doctor? Yes \_\_\_ No \_\_\_

### Emergency Contacts other than parent/guardian:

I authorize the school to contact regarding or release my child to the following individual(s)

\_\_\_\_\_  
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\_\_\_ Diabetes\_\_\_ Seizures\_\_\_ Allergies\_\_\_ Asthma\_\_\_ Heart Problems\_\_\_  
Is this student under medical supervision and/or medication for a health problem? 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.**

Is either parent or guardian on active duty in the military? Yes \_\_\_ No \_\_\_

Is either parent or guardian a traditional member of the Guard or Reserve? Yes \_\_\_ No \_\_\_

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? Yes \_\_\_ No \_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

### Transfer Student Data

School Transferred From \_\_\_\_\_  
School Name and/or Telephone Number City State

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

\_\_\_\_\_  
Parent Signature & Date

### Instructional/Support Data:

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

Has this student been receiving Special Education Services, Health Plan or 504 Plan? Yes \_\_\_ No \_\_\_