DEERFIELD COMMUNITY SCHOOL DISTRICT - ENROLLMENT INFORMATION
2010 – 2011 School Year
Annual update by parents/guardians required.

STUDENT INFORMATION **STUDENT ID:**

LEGAL Last Name:	LEGAL First Name:	Middle:	Suffix:	Birth Date: (MM/DD/YYYY) Age:
Nickname:	Birthplace - County/City/State: First Year in U.S. Schools (YYYY)	Gender: M ☐ F ☐	Grade (2010-2011)	

Racial/Ethnic Background and Migratory Status Information: Required by State/Federal law. Answer **ALL** questions below**:**

1st Question - Is this student Hispanic or Latino?	**2nd Question – Check box(es) if appropriate:**	Have you or anyone in your family moved within the past 3 years to work in **seasonal** or **temporary** agricultural employment? This work includes producing crops, processing vegetables, caring for livestock, working on dairy farms, forestry, and fisheries?
☐ Yes, Hispanic or Latino ☐ No, neither Hispanic or Latino	☐ White ☐ Asian ☐ American Indian or Alaska Native ☐ Black/African American ☐ Native Hawaiian or Pacific Islander	☐ Yes ☐ No If Yes, date moved: _____ If Yes, from: to:

(NEW STUDENTS ONLY) STUDENT'S PRIOR ENROLLMENT INFORMATION

Start Date:	School Name:	Grade:	School Year:
Transfer from District, if applicable (City/State/Phone #):	Transfer from School, if applicable (City/State/Phone #):		

Proof of Residency: *The Person with whom the student lives in the district and claims custody must provide one of the following:*

☐ Current Signed Lease ☐ Closing Statement/purchase agreement ☐ Utility or Phone Bill (not cell phone)

SCHOOL STAFF MUST INITIAL AS VERIFICATION OF DOCUMENT PRESENTED

GUARDIAN HOUSEHOLD INFORMATION-PRIMARY STUDENT RESIDENCE

Student lives with: ☐ Both Parents, one residence ☐ Joint custody of physical placement
☐ Sole custody with:

Household Address:	City:	Zip:
Mailing Address: (If different than above):	City & Zip:	Home Phone: ( )

Adult Guardian Last Name:	Adult Guardian First Name	Suffix:	Relationship to Student:
Adult Guardian Work Phone: ( )	Adult Guardian Cell Phone: ( )	Adult Guardian Email Address:	Employer:
2nd Adult Last Name:	2nd Adult First Name	Suffix:	Relationship to Student:
2nd Adult Work Phone: ( )	2nd Adult Cell Phone: ( )	2nd Adult Email Address:	Employer:

Sibling Last Name:	Sibling First Name:	Birth Date:	Grade:	Gender: ☐ M ☐ F
Sibling Last Name:	Sibling First Name:	Birth Date:	Grade:	Gender: ☐ M ☐ F
Sibling Last Name:	Sibling First Name:	Birth Date:	Grade:	Gender: ☐ M ☐ F

SECONDARY HOUSEHOLD INFORMATION, IF APPLICABLE

Household Address:	City:	State:	Zip:	Home Phone: *(ENN) ( )
Adult Guardian Last Name:	Adult Guardian First Name	Suffix:	Relationship to Student:	
Adult Guardian Work Phone: ( )	Adult Guardian Cell Phone: ( )	Adult Guardian Email Address:	Employer:	
2nd Adult Last Name:	2nd Adult First Name	Suffix:	Relationship to Student:	
2nd Adult Work Phone: ( )	2nd Adult Cell Phone: ( )	2nd Adult Email Address:	Employer:	

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Complete the section below only if parents/guardians reside in two separate households.

☐ **Does Not Apply To My Child (Please sign and date at bottom of page)**

JOINT LEGAL CUSTODY PARENT/GUARDIAN INFORMATION

Parents/Guardians who share joint legal custody both have the right to consult with school officials concerning the child(ren)'s welfare and educational status, and to inspect and receive student records, pursuant to sec. 118.125 WI Stats.

Parents with joint legal custody will both receive copies of all official school reports, notices of parent-teacher conferences/staffings and school programs.

NON-RESIDENT CUSTODIAL PARENT/GUARDIAN INFORMATION (parent/guardian living outside of the Deerfield Community School District)

Name of non-resident custodial parent (address and phone are listed on the first page):
Check all that apply: ☐ Is entitled to school information regarding student. ☐ Has permission to pick up student from school.
Additional custody information:

PARENT WITH RESTRICTIVE CUSTODY OR DENIED PERIODS OF PHYSICAL PLACEMENT

Parents/guardians please provide the school with copies of court orders related to restrictive custody to support compliance.	
Name of parent with restricted custody:	
Address: (city): (state): (zip):	
Home phone: ( )	Cell phone: ( ) Pager #: ( )
Place of employment:	Work phone: ( ) Extension:
There **is** a court order restricting access to the student or student's record dated _____ and filed in the following court: _____ The court has determined this parent to have: ☐ Restrictive custody ☐ Denied periods of physical placement	
Additional custody information:	

To the best of my knowledge, the information provided is complete and accurate.

Parent/Guardian Signature:_____ Date:_____

Student Name:	DOB:	Grade:

EMERGENCY CONTACT WHEN UNABLE TO REACH PARENT/GUARDIAN:

Contact name:	Relationship:
Home phone: ( )	Work phone: ( )
Additional name:	Relationship:
Home phone: ( )	Work phone: ( )
Daycare provider:	Phone: ( )
Medical practitioner:	Phone: ( )
Clinic:	Phone: ( )
Preferred hospital:	Phone: ( )
Dentist:	Phone: ( )

OTHER STUDENT INFORMATION:

Is English the primary language spoken in the home? ☐ **Yes** ☐ **No**
Has your child been tested for English Language Learner services? ☐ **Yes** ☐ **No**
Has your child ever received English Language Learner services? ☐ **Yes** ☐ **No**
If yes, please indicate dates: _____
Is your child currently receiving English Language Learner services? ☐ **Yes** ☐ **No**

Has your child ever received special education services? ☐ **Yes** ☐ **No**
If yes, please indicate dates: _____
Does your child currently receive special education services? ☐ **Yes** ☐ **No**

Has your child been evaluated for special education services? ☐ **Yes** ☐ **No**

Has your child ever received 504 accommodations? ☐ **Yes** ☐ **No**
If yes, please indicate dates: _____
Does your child currently receive 504 accommodations? ☐ **Yes** ☐ **No**

Has your child ever received any other special services? ☐ **Yes** ☐ **No**
If yes, please indicate (service and dates):_____
Does your child currently receive any other special services? ☐ **Yes** ☐ **No**
If yes, please indicate: _____

Has your child been expelled from another school district or is your child currently involved in any pending expulsion proceeding in another school district? ☐ **Yes** ☐ **No**

STUDENT INFORMATION DISCLOSURE:

Disclosure of Student Directory Data – Family Educational Rights and Privacy Act (FERPA):

Schools are permitted to disclose, without consent, "directory" information such as a student's name, address, telephone listing data and place of birth, honors and awards, and dates of attendance. Under the Family Educational Rights and Privacy Act, the district is required to give parents/guardians the notice of the opportunity to have their child's directory data remain confidential if they provide the school administration such a request in writing. Through an annual notice in the Back to School Packet, published in August, the District provides detailed notice of the information designated as directory data and parents' rights to refuse disclosure of the directory data. Parents have 14 days from receiving the annual notice to refuse the release of directory data information by contacting their child's principal. *This means that you have control over what information the district can release to third parties if they ask the school for information regarding your child.*

STUDENT RECRUITING INFORMATION – high school level only

The school district is required to provide, upon request by military recruiters or an institution of higher education, access to student directory data (name, address, telephone listing). Under the No Child Left Behind Act of 2001 and the National Defense Authorization Act for Fiscal Year 2002, the district is required to give parents/guardians the notice of the opportunity to have their child's directory data (student name, student address and telephone listings) protected if they provide the school administration their intentions in writing. Absent parental request to protect this information, military recruiters and higher education institutions may receive this information upon request.

To the best of my knowledge, the information provided is complete and accurate.

Parent/Guardian Signature:_____ Date:_____

HEALTH SURVEY/INFORMATION: This information must be updated annually to ensure our records are current.

Student Name:	**DOB:**	**Grade:**

YES (✓)	**NO (✓)**	
		Severe reaction to insect stings. Cause/Reaction:
		Food allergies. Cause/Reaction:
		Other allergies. Cause/Reaction:
		✸ Epi-pen at school: ☐ In School Health Office ☐ With Student
		Asthma (check one): ☐ Mild ☐ Moderate ☐ Severe Cause/Reaction:
		✸ Inhaler at school: ☐ In School Health Office ☐ With Student
		Heart condition (describe):
		Vision loss (not corrected by glasses):
		Hearing loss (describe):
		Emotional problems (describe):
		Diabetes (describe):
		Seizures (describe):
		Migraines/Headaches (describe):
		Physical limitations (please list):
		Student is taking medication at home that the school needs to be aware of: List Medication:

✸Please list any medications the student will be taking at school: **(NOTE: Students in grades K-12 may not self administer any medication which is a controlled substance (i.e., ADHD medications such as Ritalin, Pain medications, etc.)**

Location of medication: ☐ In School Health Office ☐ With Student

Please complete with date any new immunization boosters the student has received:

Varicella (chicken pox)_____ Tdap_____ Td_____ Other _____

✸**Students who require prescription or over the counter medication during school hours must have a current medication consent form completed and signed by their parent/guardian and/or medical practitioner.** This form must be submitted to the office **prior to** medication being administered or taken at school. Medication must come in the original container and be appropriately labeled. **Forms can be found in the student handbook, on the district website, or in the school office.**

Additional Pertinent Medical Information:

The parent/guardian signature below allows the school to share student health concern information with school staff members, bus drivers and coaches/advisors that may come in contact with the student.

Signature: **Date:**

Revised July 2010