



D.C. Everest Area School District

HOUSEHOLD REGISTRATION

Household information shall be filled out once by the parent/guardian at the first registration site. This form must include your child's **legal birth certificate** (for 4K or Kindergarten), which will be viewed and immediately returned to you.

CHILDREN LIVING IN THE SAME HOUSEHOLD (school age) Please Print

1st CHILD'S LEGAL NAME:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____ Gender: Male Female

School: Evergreen Hatley Mtn. Bay Riverside Rothschild Weston Middle
 Jr. High Sr. High Idea Charter 4K Site _____

2nd CHILD'S LEGAL NAME

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____ Gender: Male Female

School: Evergreen Hatley Mtn. Bay Riverside Rothschild Weston Middle
 Jr. High Sr. High Idea Charter 4K Site _____

3rd CHILD'S LEGAL NAME

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____ Gender: Male Female

School: Evergreen Hatley Mtn. Bay Riverside Rothschild Weston Middle
 Jr. High Sr. High Idea Charter 4K Site _____

4th CHILD'S LEGAL NAME

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____ Gender: Male Female

School: Evergreen Hatley Mtn. Bay Riverside Rothschild Weston Middle
 Jr. High Sr. High Idea Charter 4K Site _____

***Please use an additional sheet of paper if you have additional children to register.**

HOUSEHOLD INFORMATION**Please Print****PRIMARY HOUSEHOLD - (Physical address where children reside 50% or more of the time.)****1st Adult – Primary Contact**
 Relation to Student: Mother Stepmother Foster Mother Grandmother Aunt Guardian
 Father Stepfather Foster Father Grandfather Uncle Other _____
Last Name: _____ First Name: _____ Middle Initial: _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Unlisted Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____ Extension: _____

Email 1: _____ Email 2: _____

2nd Adult with the same address as Primary Contact
 Relation to Student: Mother Stepmother Foster Mother Grandmother Aunt Guardian
 Father Stepfather Foster Father Grandfather Uncle Other _____
Last Name: _____ First Name: _____ Middle Initial: _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Unlisted Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____ Extension: _____

Email 1: _____ Email 2: _____

SECONDARY HOUSEHOLD – (Not children’s primary residence.)**1st Adult**
 Relation to Student: Mother Stepmother Foster Mother Grandmother Aunt Guardian
 Father Stepfather Foster Father Grandfather Uncle Other _____
Last Name: _____ First Name: _____ Middle Initial: _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Unlisted Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____ Extension: _____

Email 1: _____ Email 2: _____

2nd Adult living in secondary household
 Relation to Student: Mother Stepmother Foster Mother Grandmother Aunt Guardian
 Father Stepfather Foster Father Grandfather Uncle Other _____
Last Name: _____ First Name: _____ Middle Initial: _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Unlisted Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____ Extension: _____

Email 1: _____ Email 2: _____

EMERGENCY CONTACTS**Please Print**

List contacts in order of preference that you authorize to pick your child up from school in case of emergency, illness or to verify an absence from school if the school is unable to contact a parent or guardian.

1st Emergency Contact

Relation to Student: Mother Stepmother Foster Mother Grandmother Aunt Guardian
 Father Stepfather Foster Father Grandfather Uncle Other _____

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Unlisted Cell Phone: (____) _____

Email 1: _____ Email 2: _____

2nd Emergency Contact

Relation to Student: Mother Stepmother Foster Mother Grandmother Aunt Guardian
 Father Stepfather Foster Father Grandfather Uncle Other _____

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Unlisted Cell Phone: (____) _____

Email 1: _____ Email 2: _____

3rd Emergency Contact

Relation to Student: Mother Stepmother Foster Mother Grandmother Aunt Guardian
 Father Stepfather Foster Father Grandfather Uncle Other _____

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Unlisted Cell Phone: (____) _____

Email 1: _____ Email 2: _____

4th Emergency Contact

Relation to Student: Mother Stepmother Foster Mother Grandmother Aunt Guardian
 Father Stepfather Foster Father Grandfather Uncle Other _____

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Unlisted Cell Phone: (____) _____

Email 1: _____ Email 2: _____

Signature Required

I verify the information above is correct and current. I will inform the school of any changes in this information.

Parent/Guardian Signature: _____

Date Signed: ____/____/____

The D.C. Everest School Board does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, pregnancy, marital status, parental status, sexual orientation, sex, (including transgender status, change of sex or gender identity), or physical, mental, emotional, or learning disability ("Protected Classes") in any of its student programs and activities. The following staff are designated to receive inquiries regarding the non-discrimination policies: Kimberly Hall, Director of Human Resources, 6300 Alderson Street, Weston, WI 54476, (715) 359-4221, ext. 1225, khall@dce.k12.wi.us or Jack Stoskopf, Assistant Superintendent, 6300 Alderson Street, Weston, WI 54476, (715) 359-4221, ext. 1243, jstoskopf@dce.k12.wi.us .