



D.C. Everest Area School District

INDIVIDUAL STUDENT ENROLLMENT

| | |
|--|-------|
| OFFICE USE – INITIAL / DATE | |
| <input type="checkbox"/> Birth Certif. | _____ |
| <input type="checkbox"/> Legal Name | _____ |
| <input type="checkbox"/> Birth Date | _____ |
| <input type="checkbox"/> Birth Place | _____ |

Student ID#: _____

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| DEMOGRAPHIC INFORMATION FOR ENROLLING STUDENT | Please Print |
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Today's Date: ____/____/____

Start Date: ____/____/____

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

Student Nickname (or American Name): _____

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

Race/Ethnicity: **Please answer both questions.**

- Is the student Hispanic or Latino? (Choose only one.) Yes No
- Is this student: (Choose **one or more**. You must select at least one.)
 - White Asian Native Hawaiian or Other Pacific Islander
 - Black or African American American Indian or Alaska Native

Student Birth Country: _____ Student Birth City: _____ Student Birth State: _____

Home Language (language student uses most frequently in the home): _____

Native Language (language student first learned to speak): _____

Has your student been enrolled at least three consecutive years in a U.S. school? Yes No

Date student started in US school _____ Name(s) of other DCE student(s) in your household: _____

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| PARENT(S) IN MILITARY? | Please Print |
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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

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| PREVIOUS EDUCATION EXPERIENCE | Please Print |
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Name of last school attended: _____ Physical Address: _____

Withdrawal Date: _____ Phone #: _____ Fax #: _____

Has this student previously been enrolled in the D.C. Everest School District? Yes No When/Year _____

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| PARTICIPATION IN PROGRAMS |
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Please check any special programs in which the student has participated:

Special Education/IEP 504/At Risk ESL/ELL/EL Gifted/Talented

Is your student currently assigned a social worker? Yes No

If yes, social worker's name: _____ Phone: (____) _____

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| FIELD TRIPS |
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Does this student have permission to participate in field trips? Yes No

I understand that health services will be provided by unlicensed personnel and not a registered nurse. Unlicensed staff will provide basic daily medical needs, 911 will be utilized for emergent care.

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| ADDITIONAL ENROLLMENT INFORMATION | Please Print |
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Has this student been expelled from any school? Yes No

Are there any disciplinary proceedings pending that could lead to expulsion? Yes No

Is student homeless? Yes No

CUSTODY INFORMATION: Joint Mother Father Other _____

COURT-ORDERED CUSTODY: Yes No (If yes, court order must be on file in the school office to be implemented)

HOME LANGUAGE SURVEY

Please Print

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child. Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

Section 1:

1. Was the first language used by this student English? Yes (go to Question 2) No (go to Question 3)
2. When at home, does this student hear or use a language other than English more than half of the time?
 Yes (go to Question 4) No (Student is not eligible for ELP Screening, HLS is complete, go to Section 2)
3. When at home, does this student hear or use a language other than English more than half of the time?
 Yes (Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.)
 No (Go to Question 4)
4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?
 Yes (Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.) No (Go to Question 5)
5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?
 Yes (Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.) No (Go to Question 6)
6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?
 Yes (Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.) No (Go to Question 6)
7. Is this student a Native American, Native Alaskan, or Native Hawaiian? Yes (go to Question 8) No (Go to Question 9)
8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?
 Yes (Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.) No (Go to Question 9)
9. Has this student recently moved from another school district where they were identified as an English Learner?
 Yes (Rescreen the student if they meet the criteria for rescreening. See EL Policy Handbook. Otherwise, student's ELP should be carried over from the sending district.)
 No (Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.)

Section 2:

HLS Result: Screen / Do not Screen (circle one)

Languages other than English used by student, if identified: _____

Parental preference for languages used for school communications (may be multiple):

Parent name: _____

Oral: _____

Written: _____

Parent name: _____

Oral: _____

Written: _____

If student is living with someone other than his or her parent, please answer questions in box below.

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| Student resides with: | | | |
| Relationship: | <input type="checkbox"/> Sister | <input type="checkbox"/> Aunt | <input type="checkbox"/> Grandmother |
| | <input type="checkbox"/> Brother | <input type="checkbox"/> Uncle | <input type="checkbox"/> Grandfather |
| | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Friend | <input type="checkbox"/> Child Care Provider |
| | <input type="checkbox"/> Other (specify) _____ | | <input type="checkbox"/> Foster Parent |
| Last Name: | _____ | First Name: | _____ |
| | | Middle Initial: | _____ |
| | | Gender: | <input type="checkbox"/> M <input type="checkbox"/> F |
| Address: | _____ | | City: _____ |
| | | State: | _____ |
| | | Zip: | _____ |
| Home Phone: (____) | _____ | <input type="checkbox"/> Unlisted | Cell Phone: (____) _____ |
| Work Phone: (____) | _____ | Ext: _____ | Email: _____ |
| Reason student is living away from parent(s): _____ | | | |
| Estimated period of time student will reside with person(s) other than parent _____ | | | |
| Location student resides at during the summer: _____ | | | |
| (If this is a court-ordered placement, please attach a copy of the court order to this form) | | | |

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| MEDICAL INFORMATION | Please Print |
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Please circle any of the following that may apply to your student.

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|-----------------------------------|-----------------------------------|-----------------------------|-------------------------|
| Life Threatening Condition | Celiac Disease | Hearing Impaired | Organ Transplant |
| Anaphylaxis – describe below | Cerebral Palsy | Heart Condition | Orthopedic Condition |
| Asthma | Communication Condition | Hydrocephalus - Shunt | Periodic Fever Syndrome |
| Diabetes – Type1 | Craniofacial Condition | Hypoglycemia | PKU |
| Seizure Disorder | Crohn’s disease | Immunosuppressed | Respiratory Condition |
| | Cyclical Vomiting Syndrome | Irritable Bowel Syndrome | Skin Condition |
| Health Conditions: | Cystic Fibrosis | Kidney or Bladder Condition | Spina Bifida |
| Allergy (describe below) | Diabetes – Type 2 | Lactose Intolerance | Ulcerative Colitis |
| Arthritis | Endocrine Condition | Liver Condition | Other (describe below) |
| Attention Condition | Food Intolerance (describe below) | Migraines/Headaches | |
| Blood Disorder | Gastrointestinal Condition | Mood Disorder | |
| Cancer | Genetic Condition | Neurological Condition | |

If any health condition was indicated above, please explain, including symptoms, and treatment for conditions.

My student will require medication(s) at school: Yes No

If yes, list medication(s): _____

My signature verifies that if my student receives medical treatment and/or is hospitalized during the course of the school day or a school event, his/her name may be released to school district officials to confirm the location of the student. I also give permission for my student’s immunization information to be shared between the D.C. Everest School District and the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time in writing.

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 .