

# Seymour Community School District Enrollment Form

A parent or legal guardian of a child under the age of 18 **MUST** be present to **enroll** a student in the Seymour Community School District. Proof of residency must be completed at enrollment time. All enrollments are pending student records review and/or school board approval.

Student Grade Level: \_\_\_\_\_ Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student's Full Legal Name: \_\_\_\_\_  
As listed on Birth Certificate Last Name (Please Print) First Name Middle Name

Other name(s) your child may have used: \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender: Female/Male

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_  
Mo Day Year (county, city, state)

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race (check all that apply)  White  Black or African American  Asian

American Indian or Alaska Native  Native Hawaiian/Other Pacific Islander

Language(s) Spoken in the Home

Language(s) Student First Spoke

Language(s) Student Currently Speaks

## **Student's Home Information:**

Student's Home Address: \_\_\_\_\_ Apt or Lot # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different than above (i.e. PO Box #) \_\_\_\_\_

Date you moved to this address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Student Cell (\_\_\_\_) \_\_\_\_\_ Phone number we should use for *Connect5*: (\_\_\_\_) \_\_\_\_\_

*Connect5* number for text messages: (\_\_\_\_) \_\_\_\_\_ *Connect5* email address: \_\_\_\_\_

List other children (4K-Grade 12) in this household that are attending school.

<u>Name</u>	<u>School</u>	<u>Grade - current year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **School Information:**

Last School (or district) Attended: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Ph #: (\_\_\_\_) \_\_\_\_\_ Fax #: \_\_\_\_\_

Has this student ever rec'd ESL (English as Second Language) services? Yes / No

Does this student have an IEP or 504 plan? Yes / No If Yes, please circle plan.

Is the student homeless according to DPI? Yes / No

Has this student ever been expelled from school? Yes / No If Yes, year and school: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student lives with (*circle*): Mother    Father    Both Parents    Other: \_\_\_\_\_  
Please explain

**Parent/Guardian Information:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  Is legal guardian

Street Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing City, St Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Wk Ph #: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_ Wk Email \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  Is legal guardian

Street Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing City, St Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Wk Ph #: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_ Wk Email \_\_\_\_\_

Who has Adult Legal Custody for this student?(*circle*) Mother    Father    Both    Parents    Other: \_\_\_\_\_

**Emergency Contacts** (*someone who is able to pick up your child from school in your absence-must be at least 18 yrs old*)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Medical Information:**

Medical Condition(s) / Allergies / that school staff should be aware of: \_\_\_\_\_

Does this student take daily medication? Yes / No If yes, list: \_\_\_\_\_

*If medications are to be given at school, please complete the "Physician Authorization of Medication" and "Parent Medication Release" forms which can be found on [www.seymour.k12.wi.us](http://www.seymour.k12.wi.us) under the Health Services tab.*

Physician Name: \_\_\_\_\_ Ph#: (\_\_\_\_) \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Ph#: (\_\_\_\_) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

*As parent/legal guardian of this child, I verify that all the information on this form is true to the best of my knowledge. I am aware that I could be responsible for tuition if this child is not permanently living at the address provided. I may also be required to provide proof of residency, legal birth document and immunization record. I am authorizing the school personnel to use their own judgment in seeking emergency treatment if I cannot be reached.*

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only:*

Verified Address: Yes / No Document used: \_\_\_\_\_ Verified by (Initials): \_\_\_\_\_