

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: _____

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

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 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): _____

Revised 9/13