



2019-20

Please print ALL fields clearly.

Today's Date _____

STUDENT INFORMATION

Student Name: _____ Grade Level for **2019-20 School Year** _____
Gender: Male Female **Birthdate:** _____ **Birth Country/State** _____
Mailing Address: _____
City: _____ Zip: _____ Phone Number: _____

ETHNICITY/RACE (This is a 2-part response required by the Federal Government.)

Ethnicity: (choose one) Not Hispanic or Latino Hispanic or Latino
AND Race (must also select one or more of the following categories):
 Am. Indian Asian Black or African American Native Hawaiian or Pacific Islander White

School Previously Attended: _____ State: _____
Phone: _____ Fax: _____
Is your child currently enrolled in an Advanced Math Course? Yes No
Has your student ever been expelled from a school in Wisconsin? Yes No When? _____

STUDENT SERVICE NEEDS

Individual Education Program (IEP)? Yes No If yes, primary disability: _____ Please provide us a current IEP.
Section 504 Plan Yes No Please provide us a current 504
English spoken by child at home: Yes No
Any other Language spoken by child or parent at home: No Language: _____
Office Use—Route to ELL: yes Date: _____

PARENT/GUARDIAN INFORMATION

Primary Parent #1

Primary Parent #2

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Cell Phone #: _____ Cell Phone #: _____
*Email Address: _____ *Email Address: _____
Employer: _____ Employer: _____
Work Phone #: _____ Work Phone #: _____

*Entering information in this field indicates that you permit the Richmond School District to include your E-mail address in a school distribution list for school news.

FAMILY INFORMATION

Are student's parents divorced? Yes No If yes, do parents have Joint Custody? Yes No
Is there a court order designating responsibility for decisions related to the child's education? Yes No **If yes COPY Of Court Document (REQUIRED)**
If you are not the child's parent, are you the legal guardian per a court order? Yes No **If yes COPY Of Court Document (REQUIRED)**
Is either parent/guardian on active duty in the military? Yes No
Is either parent/guardian a traditional member of the Guard or Reserve? Yes No
Is either parent/guardian a member of the active Guard/Reserve (AGR) under Title 10 or full-time National Guard under Title 32?
 Yes No

—————> **OVER**

(ADDITIONAL) EMERGENCY CONTACT INFORMATION (Parents will always be contacted first)

Contact #1

Name: _____

Relationship: _____

Ph #: _____

Cell # _____

Can pick child up? Yes No

Contact #2

Name: _____

Relationship: _____

Ph #: _____

Cell # _____

Can pick child up? Yes No

MEDICAL INFORMATION

(Please indicate any health conditions or concerns, allergies, medications, etc., school staff should be aware of.)

Alert#1 _____ Alert#2 _____ Alert#3 _____

Physician:

Dr. _____ Ph #: _____ Preferred Hospital: _____

List Siblings under the age of 21 living at the same address as the student

Name	Birthdate	Gender	Grade	School

Please read and sign:

Information on this form will be kept confidential and released only according to the Family Educational Rights and Privacy Act.

In order for a student to enroll in the Richmond School District, the parents or guardians must comply with the State of Wisconsin General School Laws, which require that students attend school in the district in which they live, with the exception of Open Enrollment approval. If it is found that a student's documents have been falsified to establish residency in the Richmond School District, that student will be immediately dismissed from school, in accordance with district policy.

In order to affirm this student's residency in the Richmond School District, I declare that this student physically resides at the address shown. I have presented documents to Richmond School District confirming the parent/guardian's name and address is within the boundaries of the Richmond School District. I declare that these documents are true and accurate. I am aware that deliberate falsification of information for school attendance purposes is unlawful and will result in the student's immediate dismissal from Richmond School.

Signature (Legal Parent/Guardian)

Date