

**KAUKAUNA AREA SCHOOL DISTRICT • STUDENT REGISTRATION INFORMATION**

Please read and complete the information on this form carefully. Any changes that occur after this form is returned should be forwarded to the school office.

**STUDENT NAME AS IT APPEARS ON BIRTH CERTIFICATE (PLEASE PRINT)**

|                  |                   |                    |                     |                              |              |
|------------------|-------------------|--------------------|---------------------|------------------------------|--------------|
| <b>Last Name</b> | <b>First Name</b> | <b>Middle Name</b> | <b>Gender (M/F)</b> | <b>Birthday (mm/dd/yyyy)</b> | <b>Grade</b> |
|------------------|-------------------|--------------------|---------------------|------------------------------|--------------|

**MAIN RESIDENCE (WHERE STUDENT RESIDES) CONTACT INFORMATION (PLEASE PRINT)**

|                            |            |             |                       |                          |  |
|----------------------------|------------|-------------|-----------------------|--------------------------|--|
| <b>Address</b> _____       |            |             |                       | <b>Home Phone:</b> _____ |  |
| Address                    | City       | State       | Zip                   |                          |  |
| <b>Name (PRINT):</b> _____ |            |             |                       | Cell Phone No.: _____    |  |
| Last Name                  | First Name | Middle Name | Relationship to Child | Pager/Other No.: _____   |  |
| Employer Name: _____       |            |             |                       | Work No.: _____          |  |
| Email Address: _____       |            |             |                       |                          |  |
| <b>Name (PRINT):</b> _____ |            |             |                       | Cell Phone No.: _____    |  |
| Last Name                  | First Name | Middle Name | Relationship to Child | Pager/Other No.: _____   |  |
| Employer Name: _____       |            |             |                       | Work No.: _____          |  |
| Email Address: _____       |            |             |                       |                          |  |

**EMERGENCY CONTACT INFORMATION: List in order of preference 2 LOCAL relatives or friends to use as emergency contacts.**

|                  |                   |                              |                            |                              |                                     |
|------------------|-------------------|------------------------------|----------------------------|------------------------------|-------------------------------------|
| <b>Last Name</b> | <b>First Name</b> | <b>Relationship to child</b> | <b>Home Phone</b>          | <b>Cell/Work # (specify)</b> | <b>Can pick child up?</b><br>Yes No |
|                  |                   |                              |                            |                              |                                     |
| <b>Last Name</b> | <b>First Name</b> | <b>Relationship to child</b> | <b>Home Phone</b>          | <b>Cell/Work # (specify)</b> | <b>Can pick child up?</b><br>Yes No |
|                  |                   |                              |                            |                              |                                     |
| <b>Doctor</b>    |                   | <b>Work Phone</b>            | <b>Hospital Preference</b> |                              |                                     |
|                  |                   |                              |                            |                              |                                     |

**NON-MAIN RESIDENCE PARENT/GUARDIAN INFORMATION (PLEASE PRINT)**

|                            |            |             |                       |                        |  |
|----------------------------|------------|-------------|-----------------------|------------------------|--|
| <b>Name (PRINT):</b> _____ |            |             |                       | Home Phone No: _____   |  |
| Last Name                  | First Name | Middle Name | Relationship to Child | Cell Phone No.: _____  |  |
| <b>Address</b> _____       |            |             |                       | Pager/Other No.: _____ |  |
| Address                    | City       | State       | Zip                   | Work No.: _____        |  |
| Employer Name: _____       |            |             |                       |                        |  |
| Email Address: _____       |            |             |                       |                        |  |
| <b>Name (PRINT):</b> _____ |            |             |                       | Cell Phone No.: _____  |  |
| Last Name                  | First Name | Middle Name | Relationship to Child | Pager/Other No.: _____ |  |
| Employer Name: _____       |            |             |                       | Work No.: _____        |  |
| Email Address: _____       |            |             |                       |                        |  |

|  |  |  |  |
|--|--|--|--|
| <b>Student Last Name</b>   | <b>Student First Name</b>  | <b>Student Middle Name</b>   | <b>Nickname</b>  |
| <b>Race Ethnicity:</b> _____<br><br><b>Is the student Hispanic/Latino?</b><br>_____ Yes _____ No<br><br><b>Is the student from one or more of these Races? (check all that apply)</b><br><input type="checkbox"/> White (Not of Hispanic Origin)<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Native/Alaskan Native<br><input type="checkbox"/> Hawaiian or Other Pacific Islander | <b>Student Lives with (Check One)</b><br><br><input type="checkbox"/> Both Parents<br><input type="checkbox"/> Mother<br><input type="checkbox"/> Father<br><input type="checkbox"/> Foster Parent<br><input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> Other: _____ | <b>Does this student receive special programming?</b><br><br><input type="checkbox"/> A - Autism<br><input type="checkbox"/> CD – Cognitive Disability<br><input type="checkbox"/> EBD – Emotional Behavior Disability<br><input type="checkbox"/> LD - Specific Learning Disability<br><input type="checkbox"/> SDD – Significant Developmental Delay<br><input type="checkbox"/> SL – Speech or Language Impairment<br><input type="checkbox"/> Other: _____ | <b>Birthplace:</b><br>City: _____<br><br>County: _____<br><br>State: _____<br><br><b>If not born in the United States – complete the following:</b><br><br>Country where born: _____<br><br>Date entered U. S. schools _____ |

Child's Legal Custodians:     Both Parents                     Mother                     Father                     Other: \_\_\_\_\_

Has your child ever been expelled?    \_\_\_\_\_ NO    \_\_\_\_\_ YES from what school and district? \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this student attending Kaukauna Area School District under Open Enrollment?     No     Yes: Name of Home District: \_\_\_\_\_

Check this box with "X" if legal restrictions are in effect for this student. (A copy of the court order must be provided to the Principal.)

**LIST ALL CHILDREN (Age 18 and under) RESIDING AT MAIN RESIDENCE: Complete ALL information (PLEASE PRINT)**

| Last Name | First Name | Middle Name | Ethnicity | Gender (M/F) | Birthday (mm/dd/yyyy) | Grade | School |
|-----------|------------|-------------|-----------|--------------|-----------------------|-------|--------|
|           |            |             |           |              |                       |       |        |
|           |            |             |           |              |                       |       |        |
|           |            |             |           |              |                       |       |        |
|           |            |             |           |              |                       |       |        |

**LIST IN ORDER THE LAST TWO SCHOOLS THIS CHILD HAS ATTENDED**

| NAME OF SCHOOL | PUBLIC OR PRIVATE | CITY, STATE | GRADES | START DATE | END DATE |
|----------------|-------------------|-------------|--------|------------|----------|
|                |                   |             |        |            |          |
|                |                   |             |        |            |          |

I verify that all the information is complete and accurate: \_\_\_\_\_  
Signature of Parent/Guardian
Date

**My signature above indicates that I grant permission for Kaukauna Area School District to contact the previous school district to obtain information on my child to enable Kaukauna to appropriately place my child.**