

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)

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

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

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

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

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

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

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

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