



Port Edwards School District New Student Registration Form (9/21/2020)

Middle/High School

Date of Enrollment _____ Grade _____

Type of Enrollment Resident Tuition Waiver Open Enrollment from another district – District Name: _____

Legal Name _____ Gender Female Male
(Last) (First) (Middle)

Name to used in the classroom, if different from legal name: _____
(Last) (First) (Middle)

Address _____
(Street) (City) (Zip)

Place of Birth _____ Birthdate _____ Bus Student? Yes No

GUARDIAN INFORMATION

Guardian 1: _____ Relationship to Student _____ Contact Order _____

Employer/Occupation _____

Home Address: _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Receive Mailings Yes No

Preferred Contact Number: Work Home Cell Other: _____ Emergency Contact Yes No

Guardian 2: _____ Relationship to Student _____ Contact Order _____

Employer/Occupation _____

Home Address: _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Receive Mailings Yes No

Preferred Contact Number: Work Home Cell Other: _____ Emergency Contact Yes No

Guardian 3: _____ Relationship to Student _____ Contact Order _____

Employer/Occupation _____

Home Address: _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Receive Mailings Yes No

Preferred Contact Number: Work Home Cell Other: _____ Emergency Contact Yes No

Child living with (check all that apply): Guardian 1 Guardian 2 Guardian Other _____

Special Circumstances _____

(i.e. divorced, separated, etc.)

continue on back.....

EMERGENCY CONTACTS- OTHER THAN GUARDIANS LISTED

Name _____ Relationship _____ Phone Number _____
Name _____ Relationship _____ Phone Number _____
Name _____ Relationship _____ Phone Number _____
Name _____ Relationship _____ Phone Number _____

HEALTH/MEDICAL INFORMATION

Does your child have any unusual health conditions? Yes No

Asthma Diabetes Heart Bee Allergy Convulsive seizures Food Allergy to _____

Other Allergies/Health Concerns _____

Medications _____ Epi-Phen Yes No

Family Physician _____ Phone _____ Family Dentist _____ Phone _____

If emergency treatment is required, and parents/guardians cannot be reached immediately, may the school authorities use their own judgment in calling the doctor indicated in this section, or if not available, an alternate doctor? Yes No

If no, what action should be taken? _____

To my knowledge I believe this student is able to participate in strenuous physical education classes. Yes No

If no, please state reason which are to be certified by a physician. _____

SPECIAL EDUCATION

Does your child have a special educational or health need we should be aware of? Yes No

If yes, please describe _____

Does your child receive special education services? _____

PREVIOUS SCHOOL INFORMATION

School Previous Attended _____

School Address _____
(Street) (City) (State) (Zip Code)

Has your child ever been expelled from a school district previously attended? Yes No

If yes, please state school name and reason for expulsion _____

PARENT/GUARDIAN SIGNATURE: _____

RACE/ETHNICITY

The U.S Department of Education requires all public schools to collect data on the race and ethnicity of all students and staff. Please answer both questions below.

1. **Is this student Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Choose only one

No, not Hispanic or Latino

Yes, Hispanic or Latino

2. **Is this student:** (Choose one or more. You must select at least one.)

American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian/Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)