



**School District of Superior  
Student Enrollment Form  
School Year 2009-2010**

School Enrolling In: \_\_\_\_\_ Enrollment date: \_\_\_\_\_  
(student start date)

|   |   |                                  |                               |                                 |                            |                             |                             |              |        |
|---|---|----------------------------------|-------------------------------|---------------------------------|----------------------------|-----------------------------|-----------------------------|--------------|--------|
| Student<br><b>Legal</b> Last Name   |   | <b>Legal</b><br>First Name       |                               | <b>Legal</b> M.I.               |                            | Grade                       |                             | Gender       | M<br>F |
| Birth Date  |   | Birth City<br>State &<br>County  |                               | Native Language<br>(Circle One) | Eng(English)<br>Hmn(Hmong) | Fra(French)<br>Ita(Italian) | Deu(German)<br>Spa(Spanish) | Other: _____ |        |
| Ethnicity   | State/Federal laws require the School District to report ethnic information according to the following guidelines. ONLY 1 choice may be selected. If multiple options are selected, the School District is required to indicate only ONE of the following options for reporting purposes. If none is selected Caucasian (White) will be used. <b>CIRCLE ONE ONLY:</b> |                                  |                               |                                 |                            |                             |                             |              |        |
|   | Asian   | Native Hawaiian/Pacific Islander | Hispanic                      | Black                           | White                      | Indian (Native American)    |                             |              |        |
| Parent /<br>Guardian<br>Last Name   |   | First Name                       |                               | M.I.                            |                            | Relationship                |                             |              |        |
| Address   |   | City                             |                               | State                           |                            | Zip                         |                             |              |        |
| Home Phone<br>**(ENN#1)   | (____) _____<br>Unlisted? Y N   | Cell Phone<br>**(ENN#2)          | (____) _____<br>Unlisted? Y N |                                 |                            |                             |                             |              |        |
| <b>** (ENN)-Emergency Notification Number will be called if/when school is dismissed early, low balance in lunch account, unexcused absence/tardy, etc.</b> |   |                                  |                               |                                 |                            |                             |                             |              |        |
| School<br>Transferring<br>From  |   |                                  |                               | City<br>State                   |                            |                             |                             |              |        |
| Is this student a foreign exchange student? Y N      Is this student a Foster Child? Y N  |   |                                  |                               |                                 |                            |                             |                             |              |        |
| Have you requested your school records be forwarded to our school? Y N  |   |                                  |                               |                                 |                            |                             |                             |              |        |
| Has student ever been enrolled in a WISCONSIN Public School District? Y N      If yes, where?   |   |                                  |                               |                                 |                            |                             |                             |              |        |
| Did your child receive Special Education services (i.e. 504/IEP, etc) in another school? Y N  |   |                                  |                               |                                 |                            |                             |                             |              |        |
| If yes, which program and explain needs:  |   |                                  |                               |                                 |                            |                             |                             |              |        |

**Other Parent/Guardian Information:** (if address is different from above)

|                                   |                               |                         |                               |       |  |              |  |  |  |
|-----------------------------------|-------------------------------|-------------------------|-------------------------------|-------|--|--------------|--|--|--|
| Parent /<br>Guardian<br>Last Name |                               | First Name              |                               | M.I.  |  | Relationship |  |  |  |
| Address                           |                               | City                    |                               | State |  | Zip          |  |  |  |
| Home Phone<br>**(ENN#3)           | (____) _____<br>Unlisted? Y N | Cell Phone<br>**(ENN#4) | (____) _____<br>Unlisted? Y N |       |  |              |  |  |  |

\* Please attach Immunization records. Wisconsin State Immunization Law requires that all students grades Pre-K – 12 meet a minimum number of required immunizations prior to school entrance\*

**Please make sure you fill out an EMERGENCY CARD every year to keep your child's emergency contact information current.**

|                                 |     |      |  |
|---------------------------------|-----|------|--|
| Parent/Guardian<br>Signature    |     | Date |  |
| Form Received by<br>(signature) |     | Date |  |
| Birth Certificate<br>Verified?  | Y N |      |  |

\*\*\*\*\* (For Office Use Only) \*\*\*\*\*

|                            |  |                        |  |
|----------------------------|--|------------------------|--|
| Form Entered by (initials) |  |                        |  |
| ESL (1-7)                  |  | Resident District ID # |  |
| Attendance Category (1-7)  |  | Home Language          |  |
| Meal Status (Free/Reduced) |  | Graduation Year        |  |