



**School District of Superior  
Student Enrollment Form  
School Year 2010-2011**

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

Student <b>Legal</b> Last Name		<b>Legal</b> First Name		<b>Legal</b> M.I.		Grade		Gender	M F
Birth Date		Birth City State & County		Native Language (Circle One)	Eng(English) Hmn(Hmong)	Fra(French) Ita(Italian)	Deu(German) Spa(Spanish)	Other: _____	
Ethnicity	<b>(Check One)</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino								
Race	State/Federal laws require the School District to report Race 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>CHECK ALL THAT APPLY:</b>  <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White								

**Primary Parent/Guardian Information (Contact 1):**

Last Name		First Name		M.I.		Relationship	
Address		City		State		Zip	
Home Phone	(____) _____ Unlisted? Y N	Cell Phone	(____) _____ Unlisted? Y N				
School Transferring From				City State			
Is this student a foreign exchange student? Y N				Is this student a Foster Child? Y N			
Does this student have other siblings attending/registering in the Superior School District? Y N At what schools?							
Have you requested your school records be forwarded to our school? Y N							
Has student ever been enrolled in the Superior School District or any other 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:							

**Secondary Parent/Guardian Information (Contact 2):**

Last Name		First Name		M.I.		Relationship	
Address		City		State		Zip	
Home Phone	(____) _____ Unlisted? Y N	Cell Phone	(____) _____ 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 verify an EMERGENCY Student Data Form every year to keep your child's emergency contact information current.**

Parent/Guardian Signature		Date	
Form Received by (signature)		Date	
Birth Certificate Verified?	Y N		

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

Form Entered by (initials)		Resident District ID #	
ESL (1-7)		Home Language	
Attendance Category (1-7)		Graduation Year	