

# Medford Area Public School District

## 2018-19 Student Registration Form

STUDENT LEGAL NAME (Last)		(First)	(Middle – Name)
BIRTH (Month/Day/Year)	STUDENT CELL PHONE NUMBER	SEX (Circle One) Male      Female	GRADE ENTERING
BIRTH CITY	BIRTH COUNTY	BIRTH STATE	
ETHNICITY (must be answered) Do you have a Hispanic / Latino background? <input type="checkbox"/> Yes <input type="checkbox"/> No		VEHICLE REGISTRATION (MASH only – if applicable) Make: _____ Color: _____ License Number: _____	SIBLINGS 1. _____ 2. _____ 3. _____ 4. _____
RACE (select <b>at least one</b> of the following categories that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
CHILD'S PRIMARY LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> French <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Portuguese <input type="checkbox"/> Swedish			PREVIOUS ENGLISH LANGUAGE SERVICES RECEIVED: <input type="checkbox"/> Yes <input type="checkbox"/> No
STATUS OF HOME – LIVING WITH * for school purposes, stepparent infers legal rights <input type="checkbox"/> Mother and Father (joint household) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother and Father <input type="checkbox"/> Stepfather and Mother <input type="checkbox"/> Foster Parents    as appointed by the court			

NAME OF PERSON RESPONSIBLE FOR FOOD SERVICE ACCOUNT (Breakfast, Lunch, Snack and/or CLC)

PRIMARY PARENT / GUARDIAN RESIDENCE					
PARENT (First, Last) (mother / step-mother / father / step-father (legally married) – circle one)(Maiden)			SPOUSE (First, Last) (mother / step-mother / father / step-father (legally married)– circle one)(Maiden)		
ADDRESS (Street)			If living with someone other than your spouse, is this due to loss of housing or an economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No By checking yes, you will be added to the district's homeless report.		
(City/Zip)			In an effort to increase literacy support needs: Does either parent currently struggle with reading or did they struggle with reading skills in school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(Mailing Address, if different)					
PRIMARY FAMILY PHONE #	Work	Cell	Work	Cell	
PRIMARY E-MAIL (may be used for notifications)			PRIMARY E-MAIL (may be used for notifications)		
EMPLOYER (Dept./Extension/Supervisor)			EMPLOYER (Dept./Extension/Supervisor)		

SECONDARY PARENT / GUARDIAN RESIDENCE (if applicable)					
PARENT (First, Last) (mother / step-mother / father / step-father (legally married) – circle one)(Maiden)			SPOUSE (First, Last) (mother / step-mother / father / step-father (legally married) – circle one)(Maiden)		
ADDRESS (Street)			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living w/ _____		
(City/Zip)			In an effort to increase literacy support needs: Does either parent currently struggle with reading or did they struggle with reading skills in school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(Mailing Address, if different)					
PRIMARY FAMILY PHONE #	WORK	CELL	WORK	CELL	
PRIMARY E-MAIL (may be used for notifications)			PRIMARY E-MAIL (may be used for notifications)		
EMPLOYER (Dept./Extension/Supervisor)			EMPLOYER (Dept./Extension/Supervisor)		

(Only complete this section if you are someone other than who is listed above. Emergency Contact Information is located on the back of this form.)					
Name: _____		Relationship: _____			
Address (Street, City, Zip) _____					
Phone: _____		E-Mail Address: _____			

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Please make necessary changes and complete both sides of form. Signature required.

If any information changes, you must notify a school.

STUDENT LEGAL NAME (Last)	(First)	(Middle – Name)
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**HEALTH CONDITION** (below are health conditions which have been shared with the school in previous enrollments – please verify their accuracy and provide any new information if applicable):

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Additional Information: \_\_\_\_\_

**INDICATE IF YOUR CHILD HAS BEEN ENROLLED IN ANY OF THE FOLLOWING PROGRAMS**       Currently       History Of

<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Gifted/Talented	<input type="checkbox"/> Orthopedically Impaired	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Autism	<input type="checkbox"/> Hearing/Visual Impairment	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Speech/Language Impairment
<input type="checkbox"/> Emotional Behavioral Disorder	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Significant Developmental Delay	<input type="checkbox"/> Title I Reading

**IN CASE OF AN EMERGENCY, IF PARENT / GUARDIAN CANNOT BE REACHED, PLEASE CALL** (Name, Relationship and Phone) (local, daytime numbers)

<u>Name (other than self)</u>	<u>Relationship</u>	<u>Daytime Phone Number</u>
1. _____		
2. _____		

### Parental / Guardian Information

Military		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is either parent or guardian on active duty in the military?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is either parent or guardian a traditional member of the Guard or Reserve?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is either parent or guardian a member of the Active Guard / Reserve (AGR) under Title 10 or full time National Guard under Title 32?

### Parental / Guardian Permissions

Please read the following comments and indicate yes or no for each item.

For All Students		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Students may have the opportunity to go on a field trip(s) throughout the school year. If you don't want your child to leave the school at any time for mini (within the district) or major (out of district) field trips, please check no; otherwise check yes, providing your child the opportunity to participate. Please watch for notifications to have your child dressed appropriately and to inform your child's teacher of any concerns you may have about the trip (allergies, etc.).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission to share individually identifying photos and videos of my child (or myself, if 18 or older). Answering yes gives us permission to share identifying videos and/or photos with others (includes Internet websites, school sponsored Facebook pages, media and press club). However, due to the public nature of the activities, participation in extracurricular activities or clubs provides inherent permission to identify students while participating (including concerts, athletic events, graduation programs and similar activities). By checking yes, you are <u>actively</u> consenting to photos, videos, website postings, taping or televising a class or activity which may identify a student(s) as being part of a special program (including Special Ed, Title I, etc.) throughout the year according to policy IIBEA. (Note: if your child's picture is part of a group that is not identifiable, it may be used for school sponsored activities – internet websites, etc.).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission for my child to access the Internet on an individual basis and I have read the Internet Safety/Telecommunications – Student Policy (IIBGA and IIBGA-R) and the Internet Safety/District Web Site – Students Policy (IIBGAB) as printed in the “Back to School Booklet” provided to all families. I understand this access is designed for educational purposes. I will not hold MAPSD responsible for materials acquired on the network. I further understand that any violation of school district policy by my child will result in his/her Internet privileges being restricted or revoked and may lead to disciplinary action. If the violation constitutes a criminal offense, appropriate legal action will be taken.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission for my child to use the G Suite (Chromebook) Apps that are used for school purposes.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission for my child to participate in the District's Breakfast Program.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission to share my child's immunization records with the Wisconsin Immunization Registry and my Immunization Provider for the purpose of maintaining a complete and accurate record to assist in assuring full immunization.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission for my child to participate in the hearing and vision screening programs at their schools.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission to share my child's health conditions with bus drivers, coaches and other non-district staff, as needed.
For Students in Grades 8 – 12		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission for my child to take possession of a district provided Chromebook and agree to the provisions set in the Chromebook handbook, including costs involved in damage and repair.
For Elementary Students Only (PreKindergarten through Grade 4)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I want my child to participate in this weekly fluoride program until he/she ages out of the program. I understand that I may withdraw this permission at any time by notifying the school office in writing. (Grades 1 – 4 only).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you need a hard (paper) copy of the student handbook?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Would you volunteer to have your child transferred to either of the elementary schools, if needed?

By signing below, you give permission for \_\_\_\_\_ (child's name) to participate in those items marked **yes** above.

*If an injury occurs and requires immediate medical treatment, the nearest medical facility will be requested to treat the child. This form signed by the parent or legal guardian will accompany the child and act as an authorization for emergency care. An ambulance or other appropriate transportation will be used to transport the child. The parent or guardian will be sought by school and / or hospital personnel.*

SIGNATURE OF PARENT / GUARDIAN OR LEGAL AGE STUDENTS	DATE
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