

**NEENAH JOINT SCHOOL DISTRICT
STUDENT ENROLLMENT FORM**

_____ (legal last name)

_____ (legal first name)

_____ (nickname)

_____ (middle name)

Student lives with (Circle one): Both parents/same household mother father 50/50 other _____

Has this person lived in Neenah previously? _____ Has this person been expelled (or is pending expulsion) in another district? **Y** or **N** If so, please list the district _____

Legal Gender (Please circle one): **M** or **F**

Birth Date ____/____/____

For Office Use Only

Birth Certificate

Parent Statement

Received/Verified by _____

Is this student Hispanic or Latino? ____No ____Yes

Race (circle all that apply; you must choose at least one):

White **American Indian or Alaska Native** **Asian** **Black** **Native Hawaiian or Other Pacific Islander**

Primary languages spoken _____

What language did your child speak when he/she first began to talk? _____ What languages does your child speak at home? _____ What languages do you or other parent/guardians use when speaking to this student? _____

Birth City _____

Birth County _____

Birth State _____

This person is enrolling at (School) _____ Grade _____ Start Date _____

Transferring from (School) _____ City _____ State _____

EMERGENCY CONTACT: (if parent/guardian cannot be reached)

_____, _____, _____
(last name) (first name) (middle name)

Cell Phone : _____ Home Phone: _____ Work Phone: _____

Relationship to student _____

Special Education Services/IEP? _____ If yes, please list the type of disability (for example: SLD, EBD, ID, etc.)

TRANSPORTATION QUESTIONNAIRE MUST BE FILLED OUT BY PARENT IF YES IS MARKED FOR DISABILITY excluding speech/language disability

Health Alert Information: List any health condition that will require an emergency plan for your child at school:

Proof of immunization is required by State of WI Student Immunization Law (Chapter 252, Wis. Stats. and HFS 144 Wis. Admin. Code). Please provide us with a copy of your child's up to date immunizations.

I verify that all information is complete and accurate _____ Date: _____
(Signature of parent/legal guardian)

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Proof of Residency	<input type="checkbox"/>
McKinney Vento	<input type="checkbox"/>
Guardian Identification	<input type="checkbox"/>

PRIMARY HOUSEHOLD INFORMATION

Household Address:

_____ (Street Address) _____ (Apt. #) _____ (City) _____ (State) _____ (Zip)

House Phone Number: _____

Is this a temporary living arrangement due to loss of housing or economic hardship? Yes

Mother/ Legal Guardian Name (Must have address as listed above):

_____ (Last Name) _____ (First Name) _____ (Middle Name)

Email Address: _____ Cell Phone Number: _____

Work Phone Number: _____ Place of Employment: _____

Father/ Legal Guardian Name (Must have address as listed above):

_____ (Last Name) _____ (Suffix i.e. Jr., Sr., II) _____ (First Name) _____ (Middle Name)

Email Address: _____ Cell Phone Number: _____

Work Phone Number: _____ Place of Employment: _____

LIST ALL RESIDENTS WHO ARE UNDER 22 YEARS OLD RESIDING AT THIS HOUSEHOLD

Last Name	First Name	Middle Name	Gender (M or F)	Date of Birth	Grade	Current School	Ethnicity (see below)

P = Native Hawaiian or other Pacific Islander **B** = African American **H** = Hispanic **I** = American Indian **W** = White **A** = Asian

I verify that all information is complete and accurate _____ Date _____
(Signature of Parent/Guardian)

PLEASE SEE FORM B TO LIST SECONDARY HOUSE INFORMATION

NEENAH JOINT SCHOOL DISTRICT STUDENT ENROLLMENT FORM

SECONDARY HOUSEHOLD INFORMATION

Please fill this form out if there is a second address for a Neenah Joint School District student **OR** if secondary household chooses to receive school mailings.

Household Address:

_____ (Street Address) _____ (Apt. #) _____ (City) _____ (State) _____ (Zip)

Would you like this secondary household to receive school mailings (circle one)? **YES** **NO**
 Is this a temporary living arrangement due to loss of housing or economic hardship? Yes

House Phone Number: _____

Mother/Guardian Name (Must have address as listed above):

_____ (Last Name) _____ (First Name) _____ (Middle Name)

Email Address: _____ Cell Phone Number: _____

Work Phone Number: _____ Place of Employment: _____

Father/Guardian Name (Must have address as listed above):

_____ (Last Name) _____ (Suffix i.e. Jr., Sr., II) _____ (First Name) _____ (Middle Name)

Email Address: _____ Cell Phone Number: _____

Work Phone Number: _____ Place of Employment: _____

**LIST NEENAH RESIDENTS ONLY
WHO ARE UNDER 22 YEARS OLD RESIDING AT THIS HOUSEHOLD**

Last Name	First Name	Middle Name	Gender (M or F)	Date of Birth	Grade	Current School	Ethnicity (see below)

P = Native Hawaiian or other Pacific Islander **B** = African American **H** = Hispanic **I** = American Indian **W** = White **A** = Asian

I verify that all information is complete and accurate _____ Date _____
(Signature of Parent/Guardian)