



REVIEW OF YOUR CHILD'S BIRTH CERTIFICATE, documentation of compliance with Wisconsin immunization laws, and documentation of residence within the AVW School District are required for registration and enrollment.

PLEASE PROVIDE LEGAL DOCUMENTATION REGARDING SPECIAL CUSTODY ARRANGEMENTS

STUDENT REGISTRATION

Last Name:	Middle Initial:	First Name:
Gender:	Grade:	Date of Birth:
Birth City & State:		Birth County:
Name, City, State of Previous School Attended <i>(if applicable)</i> :		
4K STUDENTS ONLY: We prefer our child attends: (please select one option) <input type="checkbox"/> All Day <input type="checkbox"/> ½ Morning <input type="checkbox"/> ½ Afternoon <input type="checkbox"/> No Preference		

Information for Guardian #1

Last Name:	First Name:	Best Contact Number #1: Best Contact Number #2:
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____		
Physical Address		
City:	State:	Zip:
Mailing Address (if different than above)		
City:	State:	Zip:
Email:		
Employer:	Work Phone:	
Does the student live with this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the parent authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Information for Guardian #2

Last Name:	First Name:	Best Contact Number #1: Best Contact Number #2:
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____		
Physical Address		
City:	State:	Zip:
Mailing Address (if different than above)		
City:	State:	Zip:
Email:		
Employer:	Work Phone:	
Does the student live with this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the parent authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Adult Information (other live in adult, grandparent, etc...)

Last Name:	First Name:	Best Contact Number #1: Best Contact Number #2:
Relationship		
Does the student live with this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the parent authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Information (Check one in each section)

Is either parent or guardian on active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race & Ethnicity: Is this student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Please check all that apply (check at least one): <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native: _____ (please complete attached Title VI form)	
Is your child an immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary language spoken in the home: <input type="checkbox"/> English <input type="checkbox"/> Other: _____

Emergency Contacts *(Different than Parent or Guardian)*

Name	Relationship	<u>Phone Number</u>	Authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Relationship	<u>Phone Number</u>	Authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Relationship	<u>Phone Number</u>	Authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No

Census Information *Please list any children under the age of 20 residing in this residence.*

<i>Name</i>	<i>Birth Date</i>	<i>Age</i>	<i>Grade</i>	<i>School/Daycare</i>

Unique Educational or Health Needs

My child has a current IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	My child has a 504 plan: <input type="checkbox"/> Yes <input type="checkbox"/> No
Receives Speech/Language <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Reading Intervention Services <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Emotional Disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No Has Cognitive Disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Written Language Services <input type="checkbox"/> Yes <input type="checkbox"/> No Receives Math Intervention Services <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Visually/Hearing Impaired <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Behavioral Interventions Services <input type="checkbox"/> Yes <input type="checkbox"/> No
Has other Health Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: (please list)

Transportation : *Will you be using the school's bus service?*

Yes
 No

***Please note that open enrollment students, by law, are to provide their own transportation.
 Please let us know if there are exceptions you would like us to consider for transporting your open enrollment student***

Open Enrolled? *Have you completed the Open Enrollment paperwork?*

Yes
 No

Parent Signature Date

OFFICE USE: Birth Certificate verified ___ CITY/COUNTY/STATE: _____

Immunization Record or Waiver Received: _____ Open Enrollment student? Y N

Proof of Residence verified: _____ Tax bill Utility Receipt Driver's license Other:

Staff Initials _____ DATE: _____

