

Washington Island School

888 MAIN RD, WASHINGTON ISLAND, WI 54246
Website: <http://www.island.k12.wi.us/wordpress/>

PHONE 920-847-2507
FAX 920-847-2865

Office Use Only
School _____
Grade _____
Start Date ____/____/____
4K: ____ AM ____ PM

Student Information

Child's Full Legal Name: _____
Last Name First Name Middle
Date of Birth ____/____/____ Place of Birth _____ Gender _____
Mo Day Year City/State County
Ethnicity: **Part 1** Please select one ___ Hispanic/Latino ___ Non-Hispanic/Latino **Part 2** Select all that apply – Must select at least one
___ American Indian/Alaska Native ___ Asian ___ White ___ Native Hawaiian/Other Pacific Islander ___ Black/African American

Home Information

Child's Home Address _____ Apt _____ Primary Phone _____
City _____ State _____ Zip _____ Student Cell Phone _____
Parents: ___ Married ___ Divorced ___ Separated ___ Single Who has custody: ___ Mother ___ Father ___ Joint ___ Other
Student lives with: ___ Mother ___ Father ___ Both parents one household ___ Both parents separate households
Other: _____

Parent/Guardian #1 Information

Name _____ Relationship to child _____ Legal guardian ___ Yes ___ No
Address (if different than student's) _____
Phone Numbers: Cell _____ Work _____ Other _____
Employer _____ Email address _____

Parent/Guardian #2 Information

Name _____ Relationship to child _____ Legal guardian ___ Yes ___ No
Address (if different than student's) _____
Phone Numbers: Cell _____ Work _____ Other _____
Employer _____ Email address _____

Additional Mailings

Is there a second parent or legal guardian who would like to receive school mailings? ___ Yes ___ No If yes, please list:

Name _____ Mailing Address _____

Guardian Alert

Is there someone who should NOT pick up your child at school? ___ Yes ___ No If yes, please explain _____

Last School Attended

Last school (or district) this child attended: _____

Address _____ City, State, Zip _____

Does this child currently receive Special Education Services? ___ Yes ___ No If yes, please explain which disabilities _____

Interpreter Needed? ___ Yes ___ No

Please Complete Both Sides of Form

Health Information

Allergies – If yes, please list _____

Medical Alert Text – If yes, please list _____

Special health conditions – If yes, please explain _____

Does this child take any medication? If yes, please list _____

Doctor’s Name _____ Phone _____

Dentist’s Name _____ Phone _____

WISD does not provide insurance for students, but you may purchase accidental insurance through the district. Forms are available from the school offices.

Emergency Contact Information

Please list someone who is able to pick up your child in your absence. Must be 18 years or older.

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Census Information

List other members of your *immediate* household also living at this address: (Include all ages birth thru 21)

Name	Date of Birth	Relationship to Child	School Attending (if school age)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High School Parents

High School juniors and seniors: I give permission for the school district to release my directory data to military recruiters.

Yes No

Parent Authorization

If deemed necessary, your child will be sent to your family doctor or emergency room at parental/guardian’s expense.

As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child and to release to the school the medical facilities to which my child is transferred to and/or admitted.

I give my permission to share the information on the Registration/Emergency Information Sheet with the appropriate WISD personnel to promote the health and safety of my child, thus enhancing his/her ability to learn.

By signing this form, 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.

Yes No

Parent/Guardian signature _____ Dated _____

The above signature acknowledges that I have read and consent to all of the above.