

# *Fennimore Community School District*

*Fennimore, Wisconsin 53809*



My signature indicates that **all student records** pertaining to the following student(s) are to be transferred to **FENNIMORE ELEMENTARY SCHOOL, 830 Madison Street, Fennimore, WI 53809 (grades 4K-5) or FENNIMORE MIDDLE / HIGH SCHOOL, 510 7<sup>th</sup> Street, Fennimore, WI 53809 (grades 6-12)**. These records may include attendance, grades/testing & assessment results, behavioral & discipline, special education, law enforcement, court, health care, and medical records (including WIAA physical card).

NAME OF STUDENT

GRADE

---

---

---

---

---

---

**RELEASING SCHOOL: Name of School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

\_\_\_\_\_

**School Phone #:** \_\_\_\_\_

**School Fax #:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Parent Printed Name(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

***\*\* Please fax transcript, schedule, and any other information pertinent to scheduling to (608)822-3257 (grades 4K-5) and (608) 822-3247 (grades 6-12) as soon as possible; also, present I.E.P., if applicable. Then please mail entire file. Thank you!***

# **NEW STUDENT REGISTRATION FORM**

**FENNIMORE SCHOOL DISTRICT**

**510 Seventh Street  
Fennimore, WI 53809**

## **STUDENT INFORMATION**

Student's Name: \_\_\_\_\_  
(Full Name – First, Middle, Last)

Student's Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(City, County & State)

Sex: M F Race: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade : \_\_\_\_\_

## **FAMILY OR GUARDIAN INFORMATION**

Father/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_

Child resides with: \_\_\_ Father & Mother \_\_\_ Father Only \_\_\_ Mother Only \_\_\_ Guardian

## **HEALTH INFORMATION**

Any illness/injury/surgery **this past summer**: \_\_\_\_\_

Immunizations received **this past summer**: \_\_\_\_\_

(Continued)

All students will be required to have the varicella (chicken pox) vaccination or documentation of already having had the disease. If your child has had chicken pox, please give the date here: \_\_\_\_\_

Doctor: \_\_\_\_\_ Health Insurance Co.: \_\_\_\_\_

Does this student have any unusual health conditions or other information the school should know? **Yes No**  
(Check all that apply)

\_\_\_\_ Allergies    \_\_\_\_ Asthma    \_\_\_\_ Diabetes    \_\_\_\_ Heart Problems  
\_\_\_\_ Epilepsy    \_\_\_\_ Other \_\_\_\_\_

Is student on any medication? **Yes No** What for: \_\_\_\_\_

Does student wear glasses or contact lenses? **Yes No**

Date of last eye examination: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Date of last dental examination: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

### **EMERGENCY INFORMATION**

In case of illness or emergency, and the parents cannot be reached, the following **LOCAL** person(s) have agreed to be responsible for this child:

<b><u>Name</u></b>	<b><u>Phone</u></b>	<b><u>Relationship</u></b>
_____	_____	_____
_____	_____	_____

**\*\*I hereby authorize** the school to contact and/or transport my child to the doctor named if an emergency exists or to a substitute doctor if mine is not available. In major emergencies, the nearest rescue squad will be called. Pertinent health information will be shared with school staff and emergency personnel as needed.

**\*\*I hereby authorize** the school to copy and share this information with classroom teachers, lunchroom supervisors, athletic coaches and substitute teachers as appropriate.

**\*\*Please circle one and sign: Consent (Yes) OR Consent Refused (No)**

\_\_\_\_\_  
Parent/Guardian's Signature                      Date

**Addendum to**  
**NEW STUDENT REGISTRATION FORM**  
**FENNIMORE SCHOOL DISTRICT**  
**Re: Special Needs/Discipline/Ethnicity**

Student's Name: \_\_\_\_\_  
(Full Name – First, Middle, Last)

Has this student ever been expelled from another school district?  
**Yes or No (Circle one)**

Does this student have any special educational difficulties? **Yes or No**  
Has he/she ever been enrolled in any of the following special education areas?  
**(Check all that apply)**

<input type="checkbox"/> Autism	<input type="checkbox"/> Cognitively Disabled	<input type="checkbox"/> Emotionally Disturbed
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Learning Disabled	<input type="checkbox"/> Orthopedically Impaired
<input type="checkbox"/> Other Impairment	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Visually Impaired

Comments, if any \_\_\_\_\_  
\_\_\_\_\_

.....  
**Ethnicity/ Race: Please check all that applies:**

☐ Hispanic/Latino Ethnicity

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

(Continued)

## Fennimore Community Schools Home Language Survey

(Complete at the time a student is registered in Fennimore Community Schools)

PARENT/GUARDIAN HOME LANGUAGE SURVEY	
Student Name:	Grade:
Relationship of Person Completing Survey	
____ Mother    ____ Father    ____ Guardian    ____ Other (Specify) :	

Yes      No

Has the student been in an English speaking family and living environment since birth?    \_\_\_\_      \_\_\_\_

**If you answered yes** please skip to your signature on the bottom of form. You do not need to complete the rest of the survey.

**If you answered no:**

**Directions:** Check the correct response for each of the following questions and indicate other languages spoken or used in the home if appropriate.

	English	Other Language (Specify)
1. What language did the student learn when first beginning to talk?	____	_____
2. What language does the family speak most of the time at home?	____	_____
3. What language do parents speak to the student most of the time?	____	_____
4. What language does the student speak to parents most of the time?	____	_____
5. What language does the student hear and understand best in the home?	____	_____
6. What language does the student speak with siblings most often?	____	_____
7. What language does the student speak with friends most often?	____	_____
	Yes	No
8. Can an adult family member or extended family member speak English?	____	____
9. Will that adult family member be available to help interpret communication with the school if needed?	____	____
10. Can an adult family member read English?	____	____
11. Do you request oral and/or written communication from the school in a language other than English?	____	____

If yes, in what language should communication be presented? \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing survey

\_\_\_\_\_  
Date

### Non-Discrimination Statement

Fennimore Community Schools does not discriminate on the basis of, race, color, religion, national origin, ancestry, creed, pregnancy, marital status, parental status, sexual orientation, sex, (including transgender status, change of sex or gender identity), or physical, mental, emotional, or learning disability ("Protected Classes") in any of its student program and activities.

Please indicate if you need this information presented in another language.  
Por favor indique si necesita esta información presentada en otro idioma.

(Continued)

FENNIMORE COMMUNITY SCHOOL DISTRICT  
STUDENT ENROLLMENT/CENSUS

Please list all children under the age of 20 who reside in your home.

<u>Name (First, Middle, Last)</u>	<u>M/F</u>	<u>Birth Date</u>	<u>Race</u>	<u>Birth City/State/County</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name of Parents: \_\_\_\_\_

Name of Guardians: \_\_\_\_\_

Occupation: \_\_\_\_\_

Present Address: \_\_\_\_\_

Former Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Former School: \_\_\_\_\_