



St. Croix Central School District  
**New Student Enrollment Form**

**Student Information:**

School Enrolling in: \_\_\_\_\_

Start Date: \_\_\_\_\_

First Name (legal)	Middle Name (legal)	Last Name (legal)	Birthdate	Gender	Enrolling Grade
Birth City	Birth State	Birth County	Birth Country	Race/Ethnicity	
				Is your student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Please identify the student's race by checking either Yes or No in any of the categories that apply. <input type="checkbox"/> Yes <input type="checkbox"/> No ....American Indian or Alaska Native <input type="checkbox"/> Yes <input type="checkbox"/> No .....Asian <input type="checkbox"/> Yes <input type="checkbox"/> No .....Black or African American <input type="checkbox"/> Yes <input type="checkbox"/> No ...Native Hawaiian or Pacific Islander <input type="checkbox"/> Yes <input type="checkbox"/> No .....White	

**School most recently attended by student**

School \_\_\_\_\_ District \_\_\_\_\_ Date left \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

- Has student been expelled from school? Yes No What district? \_\_\_\_\_ Expulsion date \_\_\_\_\_
- Does parent/guardian listed on this form have legal custody of student? Yes No
- Do any court orders apply? Yes No if yes, provide copy
- Is student receiving special education services (has an IEP)? Yes No If yes, classification? CD LD EBD SL
- Does student have a 504 plan? Yes No
- Has student attended SCC before? Yes No
- Have you moved to this district for temporary seasonal agricultural or fishing work in the last 36 months? Yes No
- Which language did your child learn first? English or other \_\_\_\_\_ (which language?)
- Is either parent or guardian on active duty in the military? Yes No
- Is either parent or guardian a traditional member of the Guard or Reserve? Yes 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? Yes No
- Which language is most often spoken in your home? English or other \_\_\_\_\_ (which language?)
- Which language does your child usually speak? English or other \_\_\_\_\_ (which language?)
- Has this child been receiving ELL services? Yes No
- Will you need an interpreter for conferences? Yes No  
 If yes, can you provide your own? (English-speaking family member or friend) Yes No  
 If yes, do you need the school to provide one for you? Yes No
- Will student use district transportation? (a.m. pickup) Yes No (p.m. drop-off) Yes No
- Allergies to anything? Yes No If yes, please indicate \_\_\_\_\_
- Any known health concerns? Yes No

*Note: If daily bus schedule varies, please complete bus change request form.*

List all additional children residing in the home		
First, MI, Last Name	Birthdate	Gender
<b>Are you expecting an addition to your family?</b>	<b>Due date:</b>	

**Parent/Guardian Residing with Student**

Primary Phone Number: \_\_\_\_\_  
 \*This will be the first number we contact.

First Name		Last Name		Phone/Email		Relationship to Student	
				Home:			
				Cell:			
				Work Place:		Work Phone:	
				Email:			
				Home:			
				Cell:			
				Work Place:		Work Phone:	
				Email:			
House Number	PO Box	Street Name	Apt. #	City	State	Zip	
Township/Village of Residency				Do you wish to receive a Family Access login/password? Yes No			
Student lives with: (circle one)		Both Parents	Mother	Father	Guardian	Mother and Stepfather	Father and Stepmother
		Other Relative	Alone	Spouse	Foster Parent	Grandparent	Other

**Second Mailing (Non-Custodial Parent):** List other parent/guardian for additional mailings and information

First Name		Last Name		Phone/Email		Relationship to Student	
				Home:			
				Cell:			
				Work Place:		Work Phone:	
				Email:			
				Home:			
				Cell:			
				Work Place:		Work Phone:	
				Email:			
House Number	PO Box	Street Name	Apt. #	City	State	Zip	
Do you wish to receive a Family Access login/password? Yes No							

<b>Emergency Contact:</b> 1. Name _____ Phone # _____ Address _____ Relationship _____ 2. Name _____ Phone # _____ Address _____ Relationship _____
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Parent/Guardian signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_