

VIROQUA AREA SCHOOL DISTRICT PUPIL ADMISSION FORM

SCHOOL ATTENDING: ___ Viroqua Elementary School ___ Viroqua Area Montessori School

Student Legal Last Name	First Name	Middle Name
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Date of Birth ____/____/____ Gender ☐ Male ☐ Female Grade ____
Month Day Year

Place of Birth ____
City State County Country

Ethnicity-(Choose 1 only) Is this student Hispanic or Latino? ☐ No, not Hispanic or Latino ☐ Yes, Hispanic or Latino

Race- (Choose 1 or more) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

Student's primary language? _____ If not English, can child speak or read English? ☐ Yes ☐ No

Is English spoken in the household? ☐ Yes ☐ No

Resident of Viroqua School District? ☐ Yes ☐ No If no, approved for Open Enrollment? ☐ Yes ☐ No

Previous School Information:

PREVIOUS SCHOOL NAME		PREVIOUS SCHOOL PHONE NUMBER		PREVIOUS SCHOOL FAX NUMBER	
PREVIOUS SCHOOL ADDRESS		PREVIOUS SCHOOL CITY		PREVIOUS SCHOOL STATE	
				PREVIOUS SCHOOL ZIP CODE	
PREVIOUS SCHOOL WAS: PUBLIC PRIVATE (circle one)		PAROCHIAL SPECIAL		DATE WITHDRAWN	

Has your child ever been retained (repeated a grade)? ☐ Yes ☐ No If yes, what grade _____

Is your child currently expelled from a public school? ☐ Yes ☐ No If yes, name of school _____

FAMILY OF RESIDENCE (Family student lives with) Please list all family members residing at this residence. We will send student reports/newsletter, etc. to this family. Information for the second parent family, if needed, is on the back.

Parent/Guardian Legal Name _____

☐ Mother ☐ Father ☐ Step-Parent ☐ Guardian ☐ Other _____
Work Phone (____) _____ Employer _____

Cell Phone (____) _____ E-Mail Address _____

Parent/Guardian Legal Name _____

☐ Mother ☐ Father ☐ Step-Parent ☐ Guardian ☐ Other _____
Work Phone (____) _____ Employer _____

Cell Phone (____) _____ E-Mail Address _____

ADDRESS: _____

City State Zip Code

Is the student currently staying in a shelter, transitional housing, or sharing housing with family, friends, or others due to economic hardship or a similar reason? ___ Yes ___ No

PRIMARY PHONE (____) _____

Please list all other children 21 years of age and under living in this household.

Name	Date of Birth	Gender	School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECOND PARENT FAMILY INFORMATION Please list all family members residing at this residence.Should we mail reports to this family? ☐ Yes ☐ NoCould this family come to your child's school and take responsibility if you can't be contacted? ☐ Yes ☐ No**Parent/Guardian Legal Name**☐ Mother ☐ Father ☐ Step-Parent ☐ Guardian ☐ Other _____

Work Phone (____) _____ Employer _____

Cell Phone (____) _____ E-Mail Address _____

Parent/Guardian Legal Name☐ Mother ☐ Father ☐ Step-Parent ☐ Guardian ☐ Other _____

Work Phone (____) _____ Employer _____

Cell Phone (____) _____ E-Mail Address _____

ADDRESS_____
*Number Direction Street Name Apt/Lot/Unit # P.O. Box*_____
*City*_____
*State*_____
Zip Code

Separate mailing address (if different than above) _____

HOME PHONE/PRIMARY PHONE (____) _____Please list all other
children 21 years of age
and under living in this
household.NameDate of BirthGenderSchoolGrade**Separated/Divorced/Never Married Parent Information***A certified copy of the court order information is requested to be on file in the student's school.*

Type of Action:

- ☐
- Divorce
-
- ☐
- Separation
-
- ☐
- Annulment
-
- ☐
- Never Married
-
- ☐
- Custody Dispute

Name of other parent _____

Current status of action _____

Is there a court order dealing with custody or visitation?

____ Yes ____ No

Are you the custodial parent?

____ Yes ____ No

Is there a joint custody order?

____ Yes ____ No

Should your child be released from school to the other parent?

____ Yes ____ No

If no, please explain: _____

Other helpful information - please check any of the following that apply to your child, and circle whether past or present:

_____ Head Start	PAST PRESENT	_____ Title I Reading or Math	PAST PRESENT
_____ Special Education	PAST PRESENT	_____ ELL	PAST PRESENT
_____ Gifted Classes	PAST PRESENT	_____ Other, please specify:	PAST PRESENT

OFFICE USE ONLY:

Date Enrolled _____ Grade _____ Assigned Teacher _____