

VIROQUA AREA SCHOOLS PUPIL ADMISSION FORM

Child's Legal Name _____
 Last First Full Middle

Student's Address _____

Birthdate_____ Grade_____ Birthplace _____ Gender___M___F

Ethnicity Step 1: Select one below:

____ American Indian or Alaska Native _____ White

_____ Asian

____ Black or African American

____ Native Hawaiian or Other Pacific Islander

If not English can child speak or read English? ☐Yes/☐No

Is English spoken in household? ☐Yes/☐No

School District Resident? ☐Yes/☐No

If no, approved for Open Enrollment? ☐Yes/☐No

Previous School Name _____ Phone # _____

Address _____ Fax# _____

Date Withdrew _____ Grade _____ School Was: ☐ Public ☐ Private ☐ Parochial ☐ Special

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 _____

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

_____ Special Education, Disability Area _____

_____ Title I Reading or Math

 Gifted Classes

_____ Have you been Expelled or Suspended

_____ Other, please specify: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 _____
Name

____ Legal Guardian: Yes/No
Relationship (ex. Mother/Father, Step-Parent, Guardian or, Other)

Home Address	Apt/Lot/Unit	P.O. Box (if applies)
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□ □ □

Home Phone _____

Employer Name & Address _____ Phone Number _____

Parent/Guardian 2 _____
Name

_____ Legal Guardian Yes/No
Relationship (ex. Mother/Father, Step-Parent, Guardian or Other)

(If different address from Parent/Guardian 1 - list below - Should School Reports/information also be mailed to this Parent/Guardian Yes/No

Home Address	Apt/Lot/Unit	P.O. Box (if applies)
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Home Phone _____ Cell Phone _____ Work Phone _____

Employer Name & Address _____ Phone Number _____

- 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
- Whom does the child live with?

(For instance: Both Parents? Or Parent/Step-Parent/Significant Other/Grandparent?). If Step-Parent/Grandparent you will need to sign a release form for the office/teacher to share education/health/attendance information with that person - ask office or Counselor for form)

Please see other side

Please explain any other circumstances related to custody. Please provide any pertinent court documents related to custody issues and situations. List if there are restrictions of Parent/Grandparent to visit/pickup (you must provide a court document). _____

Is the student receiving any type of medical treatment and/or currently taking medication? Please explain.

CIRCLE if the child has any of the following health conditions/difficulties that the school should be aware of:

*Hearing *Vision *Allergies *Asthma *Seizures *Heart *Diabetes *Attention Deficit
*Other _____

Please describe the condition and include any procedures/accommodations that need to be followed at school related to this condition: _____

OTHER CHILDREN (Age 21 and under and living at home)

Name	Birthdate	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Office Use Only

Date Enrolled _____ Grade _____ Locker: Yes/No Records Request: Yes/No

Forms Received: ☐Emergency ☐Parent/Student ☐Signature ☐Fees ☐Family Access