

School District of Wild Rose
New Student Registration - Grades 6-12

Enrollment Date _____

Bus Transportation ☐ Yes ☐ No

Child is enrolling in the following school:

☐ Wild Rose Middle School

☐ Wild Rose High School

☐ Grade _____

Is this student under expulsion from another school
or under the process of an expulsion hearing? ☐ Yes ☐ No

Date of Birth _____

Child's LEGAL Name (Last, First, Middle) _____ (M) _____ (F)

Home Phone(_____) _____ Street Address _____
House Number and Street Name City, State, Zip Code

Mailing Address (If different from street address) _____

Cell Phone(s) _____

Home is Located in Township of: ☐ Belmont ☐ Bloomfield ☐ Dayton ☐ Leon ☐ Mt. Morris
☐ Rose ☐ Saxeville ☐ Springwater ☐ Wautoma ☐ Village of Wild Rose

Home is Located in County of: ☐ Waushara ☐ Waupaca ☐ Portage

Required for No Child Left Behind/WI School Locator Number

Birth City _____ Birth State _____ Birth Country _____ Birth County _____

Previous School _____ Phone(_____) _____

Address _____ City/State/Zip _____

Is your child enrolled in a special program? ☐ Yes ☐ No Which one? _____

Is your student's ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Select all that apply to indicate student's race: White (W) Black or African American (B) Asian (A)
Native Hawaiian or Other Pacific Islander (N) American Indian or Alaska Native (I)

Language(s) other than English spoken in the home _____

Name(s) of parent(s)/legal guardian(s) Child is living with:

Male _____
First Name Last Name Relationship (e.g., Father, step-father, legal guardian, etc.)

Name, Location & Phone Number of Employer _____

Female _____
First Name Last Name Relationship (e.g., Father, step-father, legal guardian, etc.)

Name, Location & Phone Number of Employer _____

Brother and Sisters that reside in the same household:

Brothers Name _____	Grade _____	Date of Birth _____	Age _____
Brothers Name _____	Grade _____	Date of Birth _____	Age _____
Brothers Name _____	Grade _____	Date of Birth _____	Age _____
Sisters Name _____	Grade _____	Date of Birth _____	Age _____
Sisters Name _____	Grade _____	Date of Birth _____	Age _____
Sisters Name _____	Grade _____	Date of Birth _____	Age _____

Have you (the parent or guardian) ever moved anywhere in the USA for agricultural or fisher employment, such as in seasonal or temporary farm work, cannery-processing work, or in the production or processing of crops, dairy products, poultry, or livestock? ☐ NO ☐ YES _____ Year of Move _____

SCHOOL DISTRICT OF WILD ROSE

"Home of the Wildcats"

Claude Olson

District Administrator
olsonc@wildroseschools.org

District Office

600 Park Avenue, PO Box 276
Wild Rose, WI 54984-0276
(920) 622-4203

Craig Hayes

Middle School-High School Principal
hayesc@wildroseschools.org

Wild Rose Middle-High School

600 Park Avenue, PO Box 276
Wild Rose, WI 54984-0276
(920) 622-4201

Matthew Wilbert

Elementary Principal
wilbertm@wildroseschools.org

Wild Rose Elementary School

825 Mt. Morris St., PO Box 119
Wild Rose, WI 54984-0119
(920) 622-4204

Pleasant View Elementary

N5275 County Road NN
Pine River, WI 54965
(920) 987-5123

NEW STUDENT EXPULSION STATUS FORM

Student name: _____ Date of birth: _____

Pursuant to Wisconsin Statute 120.13(1)(f): "No school board is required to enroll a pupil during the term of his or her expulsion from another school district."

Please respond to the following statements regarding the expulsion status of your child/ward.

_____ NO – The above named student is not currently expelled from another school district.

_____ NO – The above named student has not previously been expelled from another school district.

_____ NO – The above named student is currently in an expulsion process in another school district.

_____ YES – The above named student is currently or has been expelled from, or is in an expulsion process, in another school district.

_____ YES – The above named student has a withdrawal agreement in lieu of an expulsion from another school district.

Name of school district from which expelled: _____

Beginning date of expulsion: _____

Ending date of expulsion: _____

My signature below indicates that the above information is true and accurate. I understand that if any of the above information is not true, the District has the right to revoke my child's/ward's enrollment in the School District of Wild Rose.

Signature: _____ Date: _____

☐ Parent

☐ Guardian

☐ Adult Student

_____ YES - Is the above named student currently under any formal, informal, or pending disposition with any law enforcement agency, social/human services agency, or court jurisdiction?

If YES, please name the agency/jurisdiction. _____

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STUDENT RECORD REQUEST

Date

The following student(s) has enrolled in the School District of Wild Rose:

Name of Student	Grade	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned hereby requests and authorizes: (Name and address of previous school)

To forward the following information to the School District of Wild Rose:

- _____ Withdrawal Grades
- _____ Academic Reports
- _____ Behavioral Reports
- _____ Test Scores (such as state tests, MAP, Universal screens, etc.)
- _____ Psychological Evaluations
- _____ Speech and Language Evaluations
- _____ Special Education Records and Evaluations
- _____ Health and Immunizations Records
- _____ ALL OF THE ABOVE
- _____ Other: _____

Person Authorizing Release: _____ Date: _____
☐ Parent ☐ Guardian ☐ School Official

Send To: **Wild Rose Middle/High School**
PO Box 276 600 Park Ave
Wild Rose, WI 54984

If the student is receiving Special Education services, in addition to mailing the IEP and evaluations, please fax the latest IEP and evaluations as soon as possible to (920) 622-4601.

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NEW STUDENT SCREENING FORM

Instructions: Parent is to complete this screening form at the time of enrollment and return it to the school.

Student name: _____

Date of birth: _____ Present Grade Level: _____ Date of Enrollment: _____

Former School: _____

Former School Address: _____

1. Has this student received special academic help?

Title I: _____ No _____ Yes

If yes, indicate which area(s): _____ Reading _____ Math

2. Has this student ever been enrolled in a Special Education Program? _____ No _____ Yes

3. Does this student have a current IEP? _____ No _____ Yes

If yes, tell us what his/her needs are.

4. Was this student ever retained? _____ No _____ Yes

5. Is there any other information that we should know about this student?

Person Authorizing Release: _____ Date: _____

☐ Parent ☐ Guardian ☐ School Official

Bring or Send To: Wild Rose Middle/High School
PO Box 276 600 Park Ave.
Wild Rose, WI 54984

If the student is receiving Special Education services, in addition to mailing the IEP and evaluations, please fax the latest IEP and evaluations as soon as possible to (920) 622-4601.

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NEW STUDENT HOME LANGUAGE SURVEY

Student name: _____ Male _____ Female _____

Date of birth: _____ Place of Birth: _____

Date of Arrival in United States if born outside of the United States: _____

Home Address: _____ City: _____ Phone: _____

School: _____ Grade: _____

Father's Name: _____ Mother's Name: _____

Child lives with: _____ Both father and mother _____ Father _____ Mother
_____ Guardian _____
(Name)

_____ 1. Which language did your child learn when he/she first began to speak?

_____ 2. Which language is used most frequently by the adults in your home?

_____ 3. Which language is used most frequently by your child?

If ENGLISH is the answer to all three of the above questions, this survey is complete.

Signature: _____ Date: _____
☐ Parent ☐ Guardian ☐ Adult Student

Please answer these questions if English is NOT the answer to all three numbered questions above.

1. What language(s) does the student speak? _____
What language(s) does the student read? _____
What language(s) does the student write? _____

2. If a language other than English is spoken in the home, do the parents/guardians request communications from the school to be in English or in another language? _____ English _____ Other
If the request is for a language other than English, which language? _____

3. Has the student attended other schools? _____ Yes _____ No
Name of other school(s): _____
How long did the student attend school? _____