



# EAST TROY

## COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

STAFF USE ONLY  
(Initial Verification)

Birth Certificate: \_\_\_\_\_ Residency: \_\_\_\_\_

### STUDENT ENROLLMENT FORM

Original Age Verification and Proof of Residency Req'd for Enrollment

#### STUDENT INFORMATION

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex:  M  F Birthplace: \_\_\_\_\_  
City / State / Country / County  
 Ethnicity: Hispanic/Latino:  Yes  No Race: (select 1 or more that apply to this student)  
 American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  White

#### LANGUAGE SURVEY

Student's Primary Language: \_\_\_\_\_ Language spoken in the home at time of birth (native language): \_\_\_\_\_  
 Other than English, current language spoken in home/other environment on a regular basis: \_\_\_\_\_ In the past: \_\_\_\_\_  
 Student is currently receiving "English Language Learner" services  Parent/Guardian requires communication in family language listed above

#### FAMILY INFORMATION-HOUSEHOLD #1

Currently living with family/friends due to economic hardship, being evicted or living in a shelter, hotel, vehicle or another place not designed as a place to live.  
 Both Parents  Father Only  Mother Only  Father/Stepmother  Mother/Stepfather  Grandparents  Guardian  Other  
 Street Address: \_\_\_\_\_ Apt/Lot #: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Prefix: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Primary #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Prefix: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Family Primary # Above Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

#### FAMILY INFORMATION-HOUSEHOLD #2

Custody Orders: Provide copy of child custody decree directly pertaining to custody arrangements along with signature page indicating the date of order.  
 Currently living with family/friends due to economic hardship, being evicted or living in a shelter, hotel, vehicle or another place not designed as a place to live.  
 Both Parents  Father Only  Mother Only  Father/Stepmother  Mother/Stepfather  Grandparents  Guardian  Other  
 Street Address: \_\_\_\_\_ Apt/Lot #: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Prefix: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Primary #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Prefix: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Family Primary # Above Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

#### SIBLINGS UNDER AGE 18

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Attends ETCS School: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Attends ETCS School: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Attends ETCS School: \_\_\_\_\_

#### EMERGENCY CONTACTS (Adults other than parent/guardians to pick up your child for medical, emergency release or other reasons.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

#### PROGRAMMING OPTIONS AND OTHER SCHOOL INFORMATION

Transferring from School: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Yrs in US Schools: \_\_\_\_\_  
 Open Enrolled In from Resident School District: \_\_\_\_\_ City: \_\_\_\_\_  
 Special Needs:  IEP  IHP  G & T  504 Plan  Retained: list grade(s): \_\_\_\_\_  Advanced: list grade(s): \_\_\_\_\_  
 Student is under expulsion order/in midst of expulsion hearing from School District: \_\_\_\_\_ Length of Order: \_\_\_\_\_

#### PARENTAL CONSENT FOR EMERGENCY TREATMENT

The information provided on this form is accurate and complete to the best of my knowledge and will be shared with appropriate school and/or emergency personnel on a need to know basis. In the event of serious illness or significant injury, my child will be transported to the hospital listed on the health information form or the closest emergency room. Emergency personnel will provide the necessary transportation and needed emergency treatment for my child. Every effort will be made to contact parent/guardian(s) in the event of an emergency. Please notify the school office in writing if permission is not granted for emergency transport and/or treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_