



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: (select 1) 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: _____
 Title: _____ Parent/Guardian Name: _____ Primary #: _____ Cell #: _____
 Email: _____ Employer: _____ Work #: _____
 Title: _____ 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: _____
 Title: _____ Parent/Guardian Name: _____ Primary #: _____ Cell #: _____
 Email: _____ Employer: _____ Work #: _____
 Title: _____ Parent/Guardian Name: _____ Family Primary # Above Cell #: _____
 Email: _____ Employer: _____ Work #: _____

SIBLINGS UNDER AGE 18

Name: _____ DOB: _____ Attends ETCS School: _____
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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: _____