

**NECEDAH AREA SCHOOL DISTRICT
ENROLLMENT FORM**

DATE OF ENROLLMENT _____
Month _____ Date _____ Year _____

STUDENT INFORMATION

NAME _____ SEX _____ GRADE _____
Last First Middle

DATE OF BIRTH _____ SOCIAL SECURITY # _____
Month Date Year

PLACE OF BIRTH _____
City/Town County State

NAME/ADDRESS OF SCHOOL LAST ATTENDED _____

HAS THE STUDENT BEEN EXPELLED? IF SO, WHEN AND FOR WHAT REASON?

PARENT/GUARDIAN INFORMATION:

FATHER: Name _____ Phone _____
Street Address _____ Cell Phone _____
PO Box _____
City, State, Zip _____

MOTHER: Name _____ Phone _____
Street Address _____ Cell Phone _____
PO Box _____
City, State, Zip _____

LEGAL GUARDIAN AT TIME OF ENROLLMENT _____

(In the question of guardianship, court documents must be presented for reproduction at time of enrollment.)

The Federal law requires that we report the number of students attending our school according to the following 2(two) questions:

1. Is this student Hispanic or Latino (Choose only one)
_____ No, not Hispanic or Latino
_____ Yes, Hispanic or Latino
2. Is this student: (Choose one or more. You must select at least one.)
_____ American Indian or Alaska Native _____ Asian
_____ Black or African American _____ Native Hawaiian or Other Pacific Islander
_____ White

Children in the home who are NOT currently enrolled in school:

Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

Please check if your child has received any support services:

- | | |
|---|---|
| <input type="checkbox"/> CD | <input type="checkbox"/> Psychological Counseling |
| <input type="checkbox"/> ED | <input type="checkbox"/> Medical Needs |
| <input type="checkbox"/> LD | <input type="checkbox"/> High Risk |
| <input type="checkbox"/> Speech | <input type="checkbox"/> EMR/TMR |
| <input type="checkbox"/> Chapter I | <input type="checkbox"/> Other (Please describe) |
| <input type="checkbox"/> Remedial Reading | |
| <input type="checkbox"/> *English as 2 nd Language | |

*Please give primary language spoken in the home. _____

HOME LANGUAGE SURVEY - SCHOOL DISTRICT OF NECEDAH

TO BE COMPLETED FOR ALL STUDENTS NEW TO THE DISTRICT

Student's Name _____	Grade _____
Relationship of Person Completing Survey <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	Assigned School (circle one) <div style="text-align: center;">NAS JCCS JCAN</div>
Child's Country of Birth _____	Number of years in U.S. _____

Directions: Check the correct response for each of the following questions and indicate other languages, if appropriate.

	English	Language(s) Spoken
1. What language does the child speak to her/his friends most of the time?	<input type="checkbox"/>	<input type="checkbox"/> _____
2. What language do family members or extended family members speak most of the time?	<input type="checkbox"/>	<input type="checkbox"/> _____
3. What language do family members read?	<input type="checkbox"/>	<input type="checkbox"/> _____
4. In what language do the parents/guardians request oral and/or written communication from the school?	<input type="checkbox"/>	<input type="checkbox"/> _____

STOP HERE IF ENGLISH IS THE PRIMARY LANGUAGE SPOKEN BY THE CHILD

	English	Language(s) Spoken
What language did the child learn when she or he first began to talk?	<input type="checkbox"/>	<input type="checkbox"/> _____
In what language do the parent(s) speak to this child most of the time?	<input type="checkbox"/>	<input type="checkbox"/> _____
What language does the child hear and understand in the home?	<input type="checkbox"/>	<input type="checkbox"/> _____
What language does the child speak to her/his brothers/sisters most of the time?	<input type="checkbox"/>	<input type="checkbox"/> _____

Send a copy to Director of Instruction, Principal of Student, and Title III Coordinator. Original is to be kept in student's file.

FOR STAFF COMPLETION

File Opened	ESL Test Date	Today's Date	Test
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Evaluator		ESL Level	Placement

Media Release Permission Form

There are many instances throughout the school year when students may be photographed or filmed for publicity of classroom instruction and school events, or recognition of student achievements. Examples include, but are not limited to:

- "Cardinal Kids" student of the month
- Honor Roll
- Classroom projects
- Musical performances
- Athletic contests
- Organization/Club events
- Awards programs
- Graduation

These photographs or films may be utilized with a variety of media sources such as newsletters, newspapers, radio, television, and the school website.

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

I, the parent/guardian of the above-named student,

give

do not give

permission for my child to be recognized through the news media, for my child to be photographed or filmed by the media and/or school district, for my child to be interviewed, for my child's age/grade to be released, and for my name to be released for use with my child's recognition.

Date: _____

Parent/Guardian Signature: _____

*Please return the form to the office of your student's school. If this form is not received **within 5 days of enrollment, it will be understood that permission has been given.***

This form will be completed only one time and kept on file while enrolled at Necedah Area School District.

Necedah Area School District

Dear Parent/Guardian:

The Necedah Area School District is pleased to provide families with information through Skyward's Family Access™ web-based system. This service allows you to view your child's attendance, food service balance, schedule, discipline, emergency information, immunizations and daily grades by way of the Internet. It is totally secure and as easy as a "Point and Click" to use.

Each parent/guardian on record at school has their own individual login and password. Signing and returning the form below will authorize the district to provide the password. You may also e-mail: lbrown@necedahschools.org or pdarnell@necedahschools.org to request your password.

We are very excited about this communication tool and look forward to working with you. If you have any questions or concerns please contact: Laurie Brown in the MS/HS Office at 565-2256, ext. 100 or Pam Darnell in the Elementary Office at 565-2256, ext. 111.

Sincerely,

Necedah Area School District

Name: _____

Phone: _____ E-mail: _____

Signature: _____

Student(s) Name(s): _____

Return to:
Necedah Area School District
1801 S. Main Street
Necedah, WI 54646

**NECEDAH AREA SCHOOL DISTRICT
STUDENT INFORMATION FORM
2015-2016**

FULL NAME OF STUDENT _____ **Grade** _____

Social Security # (Optional) _____ **Sex** M () F () **Date of Birth** _____

Primary Phone _____ **Secondary Phone** _____
(To be used for Automated Call List) (To be used for Automated Call List)

Parent or Guardian's Email Address _____

Street Address _____

P.O. Box _____ **City** _____ **State** _____ **Zip** _____

Check here if your address has changed in the past year

Father's Name _____ **Employer** _____ **Work Ph.** _____

Father's Address (if different than student's) _____ **Cell Ph.** _____

Mother's Name _____ **Employer** _____ **Work Ph.** _____

Mother's Address (if different than student's) _____ **Cell Ph.** _____

By Court Order, this child may not be legally released into the custody of:

(We will need a copy of this court order for our files) _____

CHILDREN AGES 0-21 IN THE HOME WHO ARE NOT CURRENTLY ENROLLED IN SCHOOL:

Name _____ **Age** _____ **Date of Birth:** _____

Name _____ **Age** _____ **Date of Birth:** _____

Name _____ **Age** _____ **Date of Birth:** _____

Child's Doctor _____ **City** _____ **Phone** _____

Child's Dentist _____ **City** _____ **Phone** _____

IN CASE OF ILLNESS/EMERGENCY AND PARENT CANNOT BE REACHED, NOTIFY:

1. **Name** _____ **Relationship** _____ **Cell** _____ **Phone** _____

2. **Name** _____ **Relationship** _____ **Cell** _____ **Phone** _____

I am the parent or legal guardian and certify the above information is true. I give consent for this information to be shared with relevant staff. In emergencies, school authorities may call Emergency Medical Services without financial obligation to the district. I further agree that if my son/daughter receives medical treatment and/or is hospitalized, his/her name shall be released to school district officials upon their request.

Signature of Parent or Guardian

Date

*Please complete
Student Health
Information form
on reverse side*

Transportation Request Form

Student Name(s) _____

Date _____

Please check **one** option:

- Will never ride the bus
- Will ride the bus both morning and afternoon
- Will ride the bus in the morning only
- Will ride the bus in the afternoon only

If riding the bus, please indicate where they will be getting picked up and dropped off.

Primary Morning Bus Plan

Name/Relationship (parent, grandparent, babysitter, etc.)

Address

Phone

Primary Afternoon Bus Plan

Name/Relationship

Address

Phone

Alternate Morning Bus Plan

Name/Relationship (parent, grandparent, babysitter, etc.)

Address

Phone

Alternate Afternoon Bus Plan

Name/Relationship

Address

Phone

***In case of an emergency**, please send a note in the morning or call the office **no later than 2:00 p.m.** to arrange for the alternate bus plan. It is for the safety of your children that we have ample time to notify teachers, students, bus drivers, etc. Thank you for your cooperation!