

**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 OF SCHOOL LAST ATTENDED** \_\_\_\_\_  
School Address \_\_\_\_\_  
School Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

**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.)**

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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

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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:

\_\_\_\_\_ CD \_\_\_\_\_ Psychological Counseling  
\_\_\_\_\_ ED \_\_\_\_\_ Medical Needs  
\_\_\_\_\_ LD \_\_\_\_\_ High Risk  
\_\_\_\_\_ Speech \_\_\_\_\_ EMR/TMR  
\_\_\_\_\_ Chapter I \_\_\_\_\_ Other (Please describe)  
\_\_\_\_\_ Remedial Reading  
\_\_\_\_\_ English as 2<sup>nd</sup> Language Please give primary language spoken in the home. \_\_\_\_\_

**NECEDAH AREA SCHOOL DISTRICT  
STUDENT INFORMATION FORM  
2018-2019**

**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*

## 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 type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	Assigned School (circle one) <div style="text-align: center;"> <input type="radio"/> NAS    <input type="radio"/> JCCS    <input type="radio"/> 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
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- |   | English                  | Language(s) Spoken             |
|---|--------------------------|--------------------------------|
| 5. What language did the child learn when she or he first began to talk?            | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 6. In what language do the parent(s) speak to this child most of the time?          | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 7. What language does the child hear and understand in the home?                    | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 8. 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			
ESL File Opened <input type="checkbox"/> Yes <input type="checkbox"/> No	ESL Test Date	Today's Date	Test
ESL 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:

- 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.*

## FAMILY ACCESS REQUEST FORM

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](mailto:lbrown@necedahschools.org) or [ismelcer@necedahschools.org](mailto:ismelcer@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 Lisa Smelcer in the Elementary Office at 565-2256, ext. 112.

Sincerely,

Necedah Area School District

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Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Student(s) Name(s): \_\_\_\_\_

\_\_\_\_\_

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

# Transportation Request Form

Student Name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Please check **one** option:

- |  |   |
|--|---|
| <input type="checkbox"/> Will <u>never</u> ride the bus                      | <input type="checkbox"/> Will ride the bus in the <u>morning only</u>   |
| <input type="checkbox"/> Will ride the bus <u>both</u> morning and afternoon | <input type="checkbox"/> Will ride the bus in the <u>afternoon only</u> |

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

## ***Alternate Morning Bus Plan***

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

## ***Primary Afternoon Bus Plan***

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
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 an 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!