



School District of Green Lake

2020-2021 Student Enrollment Form

Please print legibly

Student (full legal name) _____ **Date of Birth:** _____ **Grade:** _____
Last First M.I.

U.S. Citizen (check one) ___ Yes ___ No **Birth Place:** City _____ State ___ County _____

Home Language _____ **Gender (M/F)** _____

Ethnic Data: Are you Hispanic or Latino? (select only one)

___ No, not Hispanic or Latino ___ Yes, Hispanic or Latino

Select all of the following categories that apply to you (you must select at least one of the following):

- White
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

Student Address _____ **Phone** _____

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

Parent/Guardian (full legal name) _____ **Relationship** _____

Address _____ **City** _____ **Zip** _____

Employer Name _____ **Home Email Address** _____

Home (_____) _____ **Work** (_____) _____ **Cell** (_____) _____

Child Currently Living with (circle one): Father & Mother Father Mother Other (specify) _____

Parent/Guardian (full legal name) _____ **Relationship** _____

Address _____ **City** _____ **Zip** _____

Employer Name _____ **Home Email Address** _____

Home (_____) _____ **Work** (_____) _____ **Cell** (_____) _____

Is either parent or guardian on active duty in the military? ___No ___Yes

Is either parent or guardian a traditional member of the Guard or Reserve? ___No ___Yes

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? ___No ___Yes

Students Name _____ Grade _____

Siblings: List all siblings, even those not school age.

Name	Birth Date	Grade

Please complete the back of this form

Do you have internet access at home? _____ YES _____ NO

Do you have a personal computer, chromebook, or laptop, etc? _____ YES _____ NO

Last School or Pre-School Attended:

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax Number _____

Is your child enrolled in any special education programs? Yes _____ No _____

If yes, please specify:

Will your child be riding the bus? Yes _____ No _____

Signature below authorizes the Green Lake School District to request all records from previous school.

Signature of person completing form _____ **Date** _____

Relationship to Student _____

The information provided on this form is correct to the best of my knowledge.

Date of Entry: _____ **Records Requested:** _____ **Records Rec'd:** _____ **Birth Certificate:** _____

It is the policy of the School District of Green Lake that no person may be denied admission to school or be denied participation in, be denied the benefits of, or be discriminated against in any curricular, extra-curricular, pupil services, recreation or other program, on the basis of sex, race, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional, or learning disability or handicap as required by S118.13 Wis. Stat.

05/2010