

PLEASE PRINT **MINOCQUA J1 SCHOOL ENROLLMENT FORM** **Phone: (715)356-5206 Fax (715)358-2649**

OFFICE USE ONLY Birth Certificate Verified _____ Birth City: _____ State: _____ County: _____
START DATE _____ TEACHER _____ Student Number _____

STUDENT INFORMATION

REVIEW OF YOUR CHILD'S BIRTH CERTIFICATE, documentation of compliance with Wisconsin immunization laws, and documentation of residence within the MHLT School District are required for registration and enrollment. Please return completed enrollment form and required documentation to MHLT School, 7450 Titus Drive, Minocqua, WI 54548.

Last Name _____ First Name _____ Middle Initial _____ Student's Previous Name(s) _____
Birthdate _____ Gender _____ Grade _____ Home Phone # _____

Primary Residence:

Home Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____

PREVIOUS SCHOOL INFORMATION

Number of schools attended in the last 2 years? _____
Name of School _____ Address _____
Name of School _____ Address _____

PARENT/GUARDIAN CONTACT INFORMATION: PLEASE PROVIDE LEGAL DOCUMENTATION REGARDING SPECIAL CUSTODY ARRANGEMENTS.

Home Phone _____
Mother Last Name **Mother First Name**
E-mail _____ Cell Phone _____

DOES STUDENT LIVE WITH THIS PARENT? YES _____ NO _____ **IS PARENT AUTHORIZED TO PICK UP?** YES _____ NO _____
SHOULD THIS PARENT RECEIVE STUDENT MAILINGS? YES _____ NO _____
Home Address _____ City _____ Zip _____
Mailing Address _____ City _____ Zip _____
Mother's Employer _____ Work Phone _____
Home Phone _____

Father Last Name **Father First Name**
E-mail _____ Cell Phone _____
DOES STUDENT LIVE WITH THIS PARENT? YES _____ NO _____ **IS PARENT AUTHORIZED TO PICK UP?** YES _____ NO _____
SHOULD THIS PARENT RECEIVE STUDENT MAILINGS? YES _____ NO _____
Home Address _____ City _____ Zip _____
Mailing Address _____ City _____ Zip _____
Father's Employer _____ Work Phone _____

OTHER LIVE-IN ADULT INFORMATION

DOES THIS ADULT HAVE PERMISSION TO PICK UP? YES _____ NO _____
Name _____ Relationship _____
Cell Phone _____ Work Phone _____

EMERGENCY CONTACTS (Other than parents/live-in adults)

- 1. _____ Relationship _____ Phone _____
- 2. _____ Relationship _____ Phone _____
- 3. _____ Relationship _____ Phone _____

SCHOOL CENSUS

Please list all persons **less than twenty (20) years of age** residing in the home, who have no other legal residence.

NAME	GRADE	GENDER	AGE	BIRTHDATE	SCHOOL: Pre/Elem/H.S.

LANGUAGE-USE PATTERN and CULTURAL BACKGROUND

Race and Ethnicity: Please answer BOTH questions 1. and 2.

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		Native Hawaiian or Other Pacific Islander	
Asian		White	
African American			

1. Number of years child has lived in the United States? _____
2. Number of years student has been in school? _____ In what country? _____
3. Languages spoken in the home: English? _____ Other(s)? _____
4. Which language did your child first learn to speak? _____
5. Which language(s) do you primarily speak **to** your child at home? _____
6. Which language(s) does your child use most frequently at home to communicate with parents/siblings? _____

Unique Educational Needs: Please check any and all that apply.

SPECIAL EDUCATION/IEP SERVICES

Student has current IEP	
Speech and Language	
Emotional Disabilities	
Cognitive Disabilities	
Other Health Impairment	
Visually Impaired	
Hearing Impaired	
Physician's Name _____	

EDUCATIONAL SERVICES

Reading Intervention Services		_____
Written Language Services		_____
Math Intervention Services		_____
Behavioral Intervention Svcs.		_____
Gifted and Talented Services		_____

Area: _____

Things we need to know to best serve your child: _____

Phone No. _____

MEDICAL/HEALTH CARE NEEDS

Attention Deficit Disorder	
Asthma	
Uses Inhaler	
Diabetes	
Medication Needs	
Allergies	

Please check any and all that apply.

Epilepsy/Seizures		_____
Physical Disabilities		_____
504 Plan on File		_____
at previous school		_____
Other		_____

Do school authorities have parental consent to administer tylenol or ibuprofen? Yes _____ No _____

(Dosage will be age and weight appropriate according to manufacturers directions.)

Do school authorities have parental consent to seek medical treatment in case of emergencies? Yes _____ No _____

Parent Signature _____ Date _____