



| STUDENT INFORMATION (PLEASE PRINT) | | | | | | | |
|---|---|-----------------|--|-----------------------|---|--|--|
| Last First | Middle | Gender (M/F) | Date of Birth (mm/dd/yyyy) | Grade Enrolling In | Enrolling under Op Tuition Waiver or C | Other? | Does student have an Individualized Education Plan (IEP) If yes, please provide a copy |
| | 1 6. 1 . 11 . 11 | | | | | | Yes No |
| Ethnicity/Race (Please complete BOTH questions) 1. Is the student Hispanic/Latino Yes No 2. Is the student one or more of these races? (check all that apply) White Black/African American Asian Native Hawaiian/Pacific Islander Native American/Alaskan Native | Student lives with: (check all that apply) Both Parents Mother Father Foster Parent(s) Legal Guardian(s) Other | School Name | ent last attended: e, Address, Phone: : : Attendance in a Unito Id ever been retained | | ool: | Is your stude special education Does your chromosyour strong following: Gifted & TEnglish asSubject/Gi | in special education Yes No nt being evaluated for ation? Yes No wild have a 504 Plan? Yes No udent participate in any of the alented a Second Language rade Level Accelerated |
| Nutive Americany Alaskan Nutive | | , | ld ever been retailled ld ever been expelled | | Date: | | rns related to your child? |
| | *PRIMARY HOUSEHO | | • | | | | This related to your crime. |
| As of first day of student attendance: PRIMARY HOUSEHOLD ADDRESS: CITY, STATE, ZIP CODE: | | | | н | OME PHONE: | | |
| Parent/Guardian Name: | | Relations | ship to Student: | | Cell Phone: | | |
| Work Phone: Email Address: | | | | | | | |
| Parent/Guardian/Other Name: | | Relations | hip to Student: | | Cell Phone: | | |
| Work Phone: Email Address: Is there a Secondary Household? | | | | | | | |
| | *SECONDARY RESIDENCY F | PARENT/GL | JARDIAN INFORM | IATION (PLE | ASE PRINT) | | |
| As of first day of student attendance: SECONDARY HOUSEHOLD ADDRESS: | | | | н | OME PHONE: | | |
| CITY, STATE, ZIP CODE: | | | | | | | |
| Parent/Guardian Name: | | Relations | ship to Student: | | Cell Phone: | | |
| Work Phone: | Email Ad | ldress: | | | | | |
| | EMERG | ENCY CON | TACT INFORMATI | ON | | | |





| List 3 local relatives or friends to use for contacts in the event parents cannot be reached | | | | | | | | |
|---|-------------------------------|----------------------------|---------------------|---------------------|--------------|--------------------------------|--|--|
| Last Name | First Name | Relationship to child | | Home Phone | | Cell/Work Phone | | |
| 1 | E' at No. | Deletie edite te dilli | | Harris Blanca | | Call (Mart Dhana | | |
| Last Name | First Name | Relationship to child | | Home Phone | | Cell/Work Phone | | |
| 2 | | | | | | | | |
| Last Name | First Name | Relationship to child | | Home Phone | | Cell/Work Phone | | |
| | | | | | | | | |
| 3 | DDEN (Acc 19 and under) DECIE | NAIC IN THE DRIVARD | / HOUSEHOL | D), complete All | Information | (DI FACE DRINT) | | |
| LIST ALL CHILDREN (Age 18 and under) RESIDING IN THE PRIMARY HOUSEHOLD): complete ALL Information (PLEASE PRINT) Last Name First Name Middle Name Relationship Gender Date of Birth Grade School | | | | | | | | |
| Last Name First Na | ame Middle Name | Keiationsnip | Relationship Gender | | Grade | School | | |
| | | | (M/F) | (mm/dd/yyyyy) | | | | |
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| | | TRANSPORTATION II | NEORMATIO | N | | | | |
| | | | ii Oniii Aiio | | | | | |
| | | V. I.O. I.C. F. I.O. D. I. | | | | | | |
| - | e scheduled from the PRIMAR | A HOOZEHOLD uom | e address. | if there is a chang | де то ріск і | ip and drop off address please | | |
| follow these steps: | | | | | | | | |
| ⇒ Sign in | to Family Access ⇒ Go to Oi | nline Forms 🕁 Co | mplete and | Submit Online Al | Iteration of | f Bus Form | | |
| | | | | | | | | |
| | | | | | | | | |
| *Note: (PLE ONLY) Each child may have only one pick up and one drop off address. | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| Parent/Guardian Signature: | Date: | | | | | | | |
| | | | | _ | | | | |





| 1) | 1) Are there any children or teachers that you already know at our school, please explain: | | | | | | |
|----|--|---|--|--|--|--|--|
| | | | | | | | |
| 2) | Please let us know any other | specific information that will help us better place your child in a classroom that will work best for them. | | | | | |
| | Math: | High Medium Low | | | | | |
| | Spelling: | High Medium Low | | | | | |
| | Reading: | High Medium Low | | | | | |
| | Writing: | High Medium Low | | | | | |
| | Computer Skills: | High Medium Low | | | | | |
| | Motivation: | High Medium Low | | | | | |
| | Organized: | High Medium Low | | | | | |
| | | | | | | | |
| 3) | Additional thoughts? | | | | | | |

Schools in the Pewaukee School District are tuition free for children of school age who are residents of the district and for approved open enrollment students. Students who do not reside in the district but wish to attend, and are approved by the District Administrator, shall pay tuition per Wis. Stats. 121.81.

Revised May 2020



| RESIDENCY | |
|---|-----|
| NEOIDEITE! | |
| I am the owner or leaseholder of the home address listed. Please submit proof of residency within the Pewaukee School District (tax bill, water bill, current montly utility bill, copy of lease or property deed/offer to purchase). | h's |
| I am not the owner or leaseholder of the home address listed. Please contact the school to obtain one of the following required forms: (1) Residency Verification by Rental Manager (if the student lives with another family who is a leaseholder or rental property); OR (2) Certificate by Pewaukee Resident Regarding Residency of Child (if the student lives with another family who is the owner of property within the Pewaukee School District). | |
| ENROLLMENT REQUIREMENTS | |
| The following items are MANDATORY before your child may attend school in the Pewaukee School District: Student Enrollment Form Certified birth certificate Documents to prove residency as listed above. (Not required for Open Enrollment registration.) A signed, current court order attesting physical placement (applicable for divorced families) ***None of the above are required if the student qualifies for Homeless Assistance*** Homeless Liaison: Anthony Strancke 262-691-5077 | |
| Definition of PRIMARY HOUSEHOLD and SECONDARY HOUSEHOLD | |
| A primary household is where a child sleeps 4 of 7 nights. The PRIMARY HOUSEHOLD parent is responsible for registration fee, online registration, lunch account, alteration of bus service and student information. The SECONDARY HOUSEHOLD can view all information and can make changes to secondary information only but cannot request other changes. The secondary household may have access to online lunch accounts (please see building secretary). The Pewaukee School District will not designate primary or secondary households. Official court orders will be referenced. | n |
| Office Use Only | |
| Entrance Date: Grade Level: District Resident: Yes No | |
| Proof of Residency: Open Enrollment Tuition Waiver Future Resident | |
| Birth Certificate Verification: Place of Birth: | |
| Does all information on enrollment form match birth certificate? Yes No | |

If no, note differences here: