Ripon Area School District

For School Use Only

School Year: _____ School: _____ Grade: _____ Student ID: _____

Registration Date: _____ Start Date: _____

☐New Enrollment ☐Returning Student ☐Open Enrollment
☐Tuition Student ☐Tuition Waived ☐Other _____

☐Proof of Residency ☐Birth Certificate ☐Immunization Records

Student Enrollment & Registration Information

STUDENT INFORMATION

Student Last Name: (as appears on birth certificate)	First Name:	Middle Name:	*Date of Birth:
Gender: ☐ Male ☐ Female	Birth City:	Birth County:	Birth State:
Has student previously attended Ripon Area School District? ☐ Yes ☐ No		If yes, by what name:	
School Last Attended:	City, State, Zip:	Phone:	*Current Grade:
Has student been expelled? ☐ Yes ☐ No	Is student under consideration for expulsion? ☐ Yes ☐ No		
Is the student Hispanic/Latino? ☐ Yes ☐ No	Is the student from one or more of these races? *(check all that apply)* ☐ American Indian/Alaska Native ☐Asian ☐ White ☐ Black/African American ☐ Native Hawaiian/Pacific Islander		

PRIMARY RESIDENCE INFORMATION

When the parent/guardian's of a student do not share the same address, the address listed below will be used as the student's permanent resident address for registration purposes. This address shall be known as the primary address.

Primary Street Address:		City, State Zip:	
Parent/Guardian Legal Name:		Relationship to Student: ☐ Parent ☐ Guardian ☐ Foster Parent ☐ Step-parent ☐ Other: _____	
Date of Birth:	Cell Phone:	Employer:	Work Phone:
Email Address:		Does this adult have rights to the student's records? ☐ Yes ☐ No	
Parent/Guardian Legal Name:		Relationship to Student: ☐ Parent ☐ Guardian ☐ Foster Parent ☐ Step-parent ☐ Other: _____	
Date of Birth:	Cell Phone:	Employer:	Work Phone:
Email Address:		Does this adult have rights to the student's records? ☐ Yes ☐ No	

SECONDARY RESIDENCE INFORMATION

When the parent/guardian's of a student do not share the same address, the address listed below will be used as the student's secondary resident address for registration purposes. This address shall be known as the secondary address.

Secondary Street Address:		City, State Zip:	
Parent/Guardian Legal Name:		Relationship to Student: ☐ Parent ☐ Guardian ☐ Foster Parent ☐ Step-parent ☐ Other: _____	
Date of Birth:	Cell Phone:	Employer:	Work Phone:
Email Address:		Does this adult have rights to the student's records? ☐ Yes ☐ No	
Parent/Guardian Legal Name:		Relationship to Student: ☐ Parent ☐ Guardian ☐ Foster Parent ☐ Step-parent ☐ Other: _____	
Date of Birth:	Cell Phone:	Employer:	Work Phone:
Email Address:		Does this adult have rights to the student's records? ☐ Yes ☐ No	
Does the secondary parent… *(Please check the applicable boxes)* ☐Share custodial and/or guardianship of student ☐Receive mailings from school ☐Have rights to view the Parent Portal ☐Have visitation rights ☐Have joint-custodial rights ☐Have curtailment of rights & privileges		Is there any legal information pertaining to the student that the school district should be aware of? *Please submit a copy of legal documents.*	

CENSUS DATA

Please list all unmarried children, ages birth through twenty (20) years, who live in the primary household.

Child's Name (first, middle, last)	Male/Female	Date of Birth

MEDICAL/EDUCATIONAL NEEDS

Please check any of the following services the student received in a previous school:

☐Speech/Language Therapy ☐Learning Disabilities Services ☐Intellectual Disabilities Services ☐Emotional Disturbance Services ☐Gifted/Talented Program ☐Vision Services ☐Social Work Services ☐Section 504 Accommodations ☐Autism Services	☐Traumatic Brain Injury Services ☐Nursing Services ☐Hearing Services ☐Physically Disabled Services ☐Occupational Therapy ☐Physical Therapy ☐School Counseling ☐Title I	☐Other *(please explain below):*

Please sign and date that you have reviewed the medical/educational needs data.

_____ _____

(signature) (date)

Health & Emergency Consent Form
New Student Registration

Student Name:	Date of Birth:	Grade:
Student Lives With: *(choose one)* ☐ both parents, same household ☐ mother ☐ father ☐50/50 placement ☐ Other: _____	Primary Address: Secondary Address: *(if applicable)*	

Medical Conditions/Physical Disabilities:	Medications Taken on a Regular Basis:
Other Environmental/Food Allergies:	Medication Allergies:

Physician Name:	Physician Phone:
Dentist Name:	Dentist Phone:

I have completed and reviewed the above information and verify that it is accurate. In an emergency, I authorize the nurse, principal, or designated school personnel to call the physician or dentist identified. If necessary, I authorize the nurse, principal or designated school personnel to call an ambulance and the doctor on-call at the nearest medical facility. I do hereby authorize (check as appropriate):

☐ Physician Treatment ☐ Dental Treatment

_____ _____

(Parent/Guardian Signature) (Date)

(Please complete emergency contact information on reverse side)

EMERGENCY CONTACT INFORMATION

In case of an injury or illness with your child, the school will contact the people on the following list, in the order listed.

Contact #1

Name:		Relationship:	
Home Phone:	Cell Phone:	Work Phone:	Email:
Place of Work: (include any special instructions for reaching you at work):			

Contact #2

Name:		Relationship:	
Home Phone:	Cell Phone:	Work Phone:	Email:
Place of Work: (include any special instructions for reaching you at work):			

Contact #3

Name:		Relationship:	
Home Phone:	Cell Phone:	Work Phone:	Email:
Place of Work: (include any special instructions for reaching you at work):			

Contact #4

Name:		Relationship:	
Home Phone:	Cell Phone:	Work Phone:	Email:
Place of Work: (include any special instructions for reaching you at work):			