



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: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| *Date of Birth: | Birth City: | Birth County: | Birth State: |
| Is the student from one or more of these races? (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander | | Is the student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Has the student previously attended Ripon Area School District? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, by what name: | |
| School Last Attended: | City, State, Zip: | Phone: | *Current Grade: |
| Date Last Attended School: | Has student been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the student under consideration for expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EDUCATIONAL NEEDS

| | | |
|---|--|--|
| Has the student been involved with a special education program? If yes, what program (check as many as apply): | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Intellectual Disabilities | <input type="checkbox"/> Emotional/Behavioral Disability |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Significant Developmental Delay | |
| Although special education services may not have been provided in the past, it is necessary to know if the student presently may have special education needs which might warrant special education services. Please describe any concerns or special needs of which you are aware (health, behavioral, developmental, etc.). | | |
| | | |

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) | Gender | Date of Birth |
|------------------------------------|---|---------------|
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

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: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other: _____ | |
| Date of Birth: | Cell Phone: | Employer: | Work Phone: |
| Email Address: | | Does this adult have rights to the student's records? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Parent/Guardian Legal Name: | | Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other: _____ | |
| Date of Birth: | Cell Phone: | Employer: | Work Phone: |
| Email Address: | | Does this adult have rights to the student's records? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is either parent or guardian on active duty in the military? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is either parent or guardian a traditional member of the Guard or Reserve? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? | | |

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

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 to Student: | |
| Home Phone: | Cell Phone: | Work Phone: | Contact Date of Birth: |
| Place of Work: (include any special instructions for reaching you at work): | | | |

Contact #2

| | | | |
|---|-------------|--------------------------|------------------------|
| Name: | | Relationship to Student: | |
| Home Phone: | Cell Phone: | Work Phone: | Contact Date of Birth: |
| Place of Work: (include any special instructions for reaching you at work): | | | |

Contact #3

| | | | |
|---|-------------|--------------------------|------------------------|
| Name: | | Relationship to Student: | |
| Home Phone: | Cell Phone: | Work Phone: | Contact Date of Birth: |
| Place of Work: (include any special instructions for reaching you at work): | | | |

Contact #4

| | | | |
|---|-------------|--------------------------|------------------------|
| Name: | | Relationship to Student: | |
| Home Phone: | Cell Phone: | Work Phone: | Contact Date of Birth: |
| Place of Work: (include any special instructions for reaching you at work): | | | |

Health & Emergency Consent Form New Student Registration

| | | |
|---|---|--------|
| Student Name: | Date of Birth: | Grade: |
| Student Lives With: <i>(choose one)</i> <input type="checkbox"/> both parents, same household <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> 50/50 placement <input type="checkbox"/> Other: _____ | Primary Address: | |
| | Secondary Address: <i>(if applicable)</i> | |
| 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)