

**Baldwin-Woodville Area School District
Student Enrollment Form (Please Print)**

Male Female Grade _____

| | | |
|------------------|-------------------|-----------------|
| Legal First Name | Legal Middle Name | Legal Last Name |
|------------------|-------------------|-----------------|

| | | |
|--------------------------|---------------------|----------------------|
| Student's Street Address | City/State/Zip Code | Student's Home Phone |
|--------------------------|---------------------|----------------------|

| | | | |
|----------------------------|-----------------------|-----------------|-------------------------------|
| Date of Birth (mm/dd/yyyy) | City & State of Birth | County of Birth | Country of Birth (if not USA) |
|----------------------------|-----------------------|-----------------|-------------------------------|

Has your child ever been expelled from school? Yes No If yes: Date _____

School District _____

Race/Ethnicity Is student Hispanic or Latino? Yes No

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

Resident of B-W School District Yes No Has student been enrolled in a BW school in the past? Yes No

Has student attended a Wisconsin school in the past? Yes No Where? _____

School Last Attended School Name _____
City _____ State _____

| | |
|---|---|
| Has your child ever been enrolled in Special Education? | <input type="checkbox"/> Yes, currently enrolled and has an IEP |
| | <input type="checkbox"/> Yes, was previously enrolled but dismissed |
| | <input type="checkbox"/> No, has never been enrolled in a Special Education program |

Student lives with: Guardian 1 Guardian 2 Both OTHER (Specify) _____ *

Guardian #1 _____

Address (If different from child) _____ Email Address: _____

Home Phone _____ Cell _____ Work _____

Guardian #2 _____

Address (If different from child) _____ Email Address: _____

Home Phone _____ Cell _____ Work _____

Name of Individual Student Lives With
(If different than parent) _____

Address _____ Email Address: _____

Home Phone _____ Cell _____ Work _____

Who (ONE NAME) is primarily responsible for student's lunch account? _____

***Please provide name address and phone number on back if different than parents named above**

**** GRADES 6-8 Should Student be scheduled for Band?** Yes No **Chorus?** Yes No

| | |
|--|---|
| <i>For School Use Only</i> Add to B-W Enrollment as of (Date Entered) _____ | Withdraw from B-W Enrollment as of (Date Withdrawn) _____ |
| Homeroom Teacher _____ | Lunch # _____ Locker # _____ |
| Location of pick-up/drop-off _____ | Bus # _____ |

Baldwin-Woodville Area School District



| STUDENT INFORMATION | | | |
|---|------------------------|------------------------|------------------------|
| Name of Student: | | Grade: | Birthdate: |
| Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other(specify): | | | |
| Home Address: | | | |
| Home Phone Number: | | | |
| Father's Name: | | | |
| Father's Place of Employment: | | | |
| Work Phone: | | Cell Phone: | |
| Email Address: | | | |
| Mother's Name: | | | |
| Mother's Place of Employment: | | | |
| Work Phone: | | Cell Phone: | |
| Email Address: | | | |
| Guardian/Other Name (if applicable): | | | |
| Guardian/Other Place of Employment: | | | |
| Work Phone: | | Cell Phone: | |
| Email Address: | | | |
| EMERGENCY CONTACTS | | | |
| If you wish for the parent/guardian (listed above) to be contacted 1 st or 2 nd please list them here as well. Then list any additional contacts. Please try to have at least three contacts for student. | | | |
| 1 st | Name: | | Relationship: |
| | Address: | | |
| | 1 st Phone: | 2 nd Phone: | 3 rd Phone: |
| 2 nd | Name: | | Relationship: |
| | Address: | | |
| | 1 st Phone: | 2 nd Phone: | 3 rd Phone: |
| 3 rd | Name: | | Relationship: |
| | Address: | | |
| | 1 st Phone: | 2 nd Phone: | 3 rd Phone: |

(See Other Side)

INSURANCE/CLINIC INFORMATION

| | |
|-------------------------|--------|
| Insurance Company | ID# |
| Medical Clinic: | Phone: |
| Primary Care Physician: | |
| Hospital: | Phone: |
| Dentist: | Phone: |

CONFIDENTIAL HEALTH INFORMATION

| |
|---|
| Allergies: |
| Health conditions/Concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please list) |
| Medications taken at home (if any please list): |
| Medications to be taken/kept at school (if any please list ~ appropriate medication consent form needs to be on file at the students school): |

OTHER INFORMATION

| | |
|---|-------|
| In the case of an emergency situation, I understand that Baldwin-Woodville Area School District personnel will attempt to contact a parent/guardian or emergency contact person. If any of the authorized contacts cannot be reached, I authorize the Baldwin-Woodville Area School District personnel to use discretion and seek medical attention for this student. | |
| Father/Guardian's Signature: | Date: |
| Mother/Guardian's Signature: | Date: |

Baldwin-Woodville Area School District

550 Highway 12
Baldwin, WI 54002

HOME LANGUAGE SURVEY

To Be Completed For all New Students

Student's Name: _____ Grade: _____

Date of Birth _____ Country of Birth _____

Relationship to Student: Mother Father Guardian Other Specify _____

Please fill in the answer for each of the following questions.

1. What language did your child first learn? _____

2. What primary language does your family use at home most of the time? _____

3. What language do you or other parent/guardian use with your child? _____

4. What language does your child use with his/her friends? _____

5. How many years has this child lived in the United States? _____

6. Can an adult in the home read English?
 Yes No

If not English, what language can be read? _____

7. Do you want a translator available at school conferences?
 Yes No

8. If your child qualifies for ELL services, do you give permission for your child to receive ELL services?
 Yes No

Signature: _____
Name of person completing survey *Date*

For School Use Only

ESL File Opened Yes No
ESL Test Date: _____

ESL Level: _____

ESL Evaluator: _____

Baldwin-Woodville Area School District

Educating Our Future Leaders!

Superintendent's Office
550 Highway 12
Baldwin, WI 54002
Phone: (715) 684-3411
Fax: (715) 684-3168

REQUEST FOR RELEASE OF STUDENT RECORDS

Effective _____ the following student has enrolled in the Baldwin-Woodville Area School District.

Student's Name: _____

Date of Birth: _____ Grade: _____

School Last Attended: _____ Phone: _____

Address: _____ Fax: _____

City/State/Zip: _____

PREVIOUS SCHOOL OFFICE USE ONLY

Has the student been expelled during the current or preceding two school years? Yes No

Does the student have any pending disciplinary actions that could lead to expulsion? Yes No

Please fax academic transcript and withdrawal grades immediately. Mail cum folders and immunization records as soon as possible to:

High School
1000 13th Avenue
Baldwin, WI 54002
715-684-3321
715-684-5160 fax

Viking Middle School
500 Southside Drive
Woodville, WI 54028
715-698-2456
715-698-3315 fax

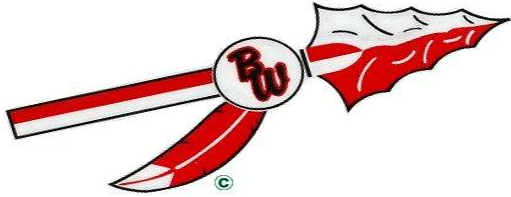
Greenfield Elementary
1160 14th Avenue
Baldwin, WI 54002
715-684-3334
715-684-5109 fax

Fax most recent IEP and evaluation to: 715-684-5109

Mail Special Education file to: Pupil Services Office
Greenfield Elementary School
1160 14th Avenue
Baldwin, WI 54002

Pursuant to Wisconsin Statutes 118.125(4) Federal Regulations, Section 99.31/34 you are authorized to forward the above student's records (progress and behavioral) by this official notification of student's enrollment.

Wisconsin Statute 118.125 PUPIL RECORDS, (4) TRANSFER OF RECORDS: Within 5 working days, a school district shall transfer to another school or school district all pupil records relating to a specific pupil if the transferring school district has received written notice from the pupil if he or she is an adult or his or her parent or guardian if the pupil is a minor that the pupil intends to enroll in the other school or school district or written notice from the other school or school district that the pupil has enrolled.



BALDWIN-WOODVILLE AREA SCHOOL DISTRICT PICK UP/DROP OFF REQUEST FORM

The Board of Education is not required by law to either pick up or drop off your child any place other than at your residence. We want to assist parents and children, but our primary concern is the safety of the child.

If we are not clear in our understanding of where the child is to be picked up and dropped off, the child may be put in a difficult, or even disastrous, situation. We need the complete cooperation of parents.

The B-W Schools is attempting to assist parents and to meet its responsibilities to all of the children of the district by enacting the following:

- Children will be picked up and/or dropped off at their place of residence or any child care provider within the district as long as this not require a bus to travel more than ¼ mile off a regularly established bus route.
- By the end of the school year, the parents must notify the Transportation Supervisor in writing of the intent to have their child(ren) picked up other than at their place of residence if the address has changed from the previous school year.

**COMPLETE THIS SHEET AND RETURN IT TO SCHOOL, OR WE MAY
NOT BE ABLE TO COMPLY WITH YOUR CHILD CARE/TRANSPORTATION NEEDS.**

(We will try to accommodate your request involving one child care provider and your place of residence.)

PLEASE PRINT

Student's Name _____

Student's Address _____

Father's Name _____

Father's Address (If different from child) _____

Home Phone _____ Cell Phone _____

Email Address _____

Mother's Name _____

Mother's Address (If different from child) _____

Home Phone _____ Cell Phone _____

Email Address _____

Childcare Provider/Other _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

PICK UP ADDRESS _____ **DROP OFF ADDRESS** _____

Baldwin-Woodville Area School District

Verification of Residency
For Non-Open Enrolled Students

The State of Wisconsin (Statute 121.77) requires that students attend school in their district of residence. The district is within its rights to investigate and verify residency, assess tuition when appropriate, and prosecute if necessary to recover tuition.

Prior to admission, students must provide proof of residency within the boundaries of the Baldwin-Woodville Area School District.

Residency type:

- Homeowner
- Renter
- Living with another family/other living situation (please explain) _____

I certify that my student _____ has a
parent/guardian living at: _____ (Student Name)

(Address) (City) (Zip Code)

I am aware and understand that my student will not be officially enrolled into the Baldwin-Woodville Area School District until the documentation is provided and residency is confirmed. Furthermore, should this statement be found to be false, my student may be dropped from enrollment and required to transfer to his/her resident district. It is my responsibility to notify the school district should my student or their guardian move from this address.

Printed name of Parent/Legal Guardian

Signature of Parent/Legal Guardian Date

Relationship to Student Telephone Number

For office use only:

Proof of Residency

| HOMEOWNERS ONLY | RENTERS ONLY | OTHER LIVING SITUATION |
|-----------------------------|--------------------------------|----------------------------------|
| Utility Bill _____ | Utility Bill _____ | DMV Car Registration _____ |
| Land/Cell Phone Bill _____ | Land/Cell Phone Bill _____ | Doctor or Credit Card Bill _____ |
| Property Tax Bill _____ | Current Rental Agreement _____ | Land/Cell Phone Bill _____ |
| Mortgage Papers _____ | Renter's Insurance _____ | Other: _____ |
| Homeowner's Insurance _____ | Other: _____ | |
| Other: _____ | | |

Verified by: Date: