Office Use Only

KUSD ID#:
Entered by:

Student Enrollment Form - Kenosha Unified School District

PLEASE PRINT

Student Last Name | First Name | Middle Name | Suffix (Jr., II) | Nickname

/ /
Birth Date | Gender (M/F)

☐ Foreign Exchange Student

Must select one:
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Must select one or more:
☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ American Indian or Alaska Native

Student Primary Language _____ What is the language most often spoken at home? _____

Parent/Guardian Primary Language _____ What was the first language spoken by the student? _____

Has your child ever received English as a Second Language(ESL/ELL) services? _____

Home Phone ☐Private | Student Cell Phone | Home Address | Lot/Apt | City | State | Zip Code

Mailing Address (if different) | Lot/Apt. | City | State | Zip Code

Birth City (e.g. Kenosha) | Birth County (e.g. Kenosha) | Birth State (e.g. WI) | Birth Country (e.g. USA) | Enrolling in Grade

Legal Guardian 1

Relationship to Student (Father, Mother, Guardian) | Date of Birth | Student lives with this guardian ☐ Yes ☐ No

Last Name | First Name | Middle Name | Gender (M/F)

Mailing Address | Lot/Apt. | City | State | Zip Code

Home Phone | Cell Phone | Work Phone

Email Address | Workplace

Legal Guardian 2

Relationship to Student (Father, Mother, Guardian) | Date of Birth | Student lives with this guardian ☐ Yes ☐ No

Last Name | First Name | Middle Name | Gender (M/F)

Mailing Address | Lot/Apt. | City | State | Zip Code

Home Phone | Cell Phone | Work Phone

Email Address | Workplace

Date first enrolled in ***United States*** school:_____/_____/_____ Date first enrolled in ***Wisconsin*** school:_____/_____/_____

Has your child ever attended Kenosha Unified schools (including Head Start)? ☐ Yes ☐ No

Last School Attended	City/State	Last Date Attended / /	Last Grade Completed

Have you moved in the last three years for the purpose of obtaining temporary/seasonal employment in an agricultural/fishing or food processing activity? ☐ Yes ☐ No

***ALL STATEMENTS BELOW ARE REQUIRED**

***NOTICE CONCERNING DISCLOSURE OF STUDENT DATA**

Notice is hereby given to all parents and guardians of students age 17 or under and students themselves age 18 or older that the following have been designated Directory Data that may be released to the public including military recruiters and higher education institutions:
The student's name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, the most recent previous school attended by the student, and the student's photograph.

☐ **Yes, I agree that my student's Directory Data may be released.** ☐ **No, I do not agree to release my student's Directory Data.**

***NOTICE AND MEDIA RELEASE – STUDENT & STUDENT WORK**

Our students have many exciting opportunities to display and publish their talents and schoolwork. Video, pictures, and other recordings of our students are often on the district's website, Channel 20, social media sites, and other media sources. These opportunities create excitement and joy for our students and help us strengthen and develop our students. In order for our students to participate in and enjoy these opportunities the district must have consent below from parents/guardians. Student photos, voice and likeness may be used in: artwork displays, social media posts, videos, classroom, school or district promotional materials.

☐ **Yes, I consent** ☐ **No, I do not consent**

***YEARBOOK**

Each year our schools may produce an annual yearbook that includes the names and photos of all the students that attended that year. If you would like your child's name and photo to be excluded from the yearbook please check the appropriate box below. Please note that if your child participates in public activities during the school year such as Athletics, Theater, etc. it is possible that they may appear in the yearbook.

☐ **Yes, My child's photo and name may be included in the annual yearbook** ☐ **No, My child's photo and name may not be included in the annual yearbook**

***BEHAVIOR**

Laws concerning pupil records and their confidentiality govern the maintenance and destruction of such records. Wisconsin Statute 118.125 Section 3 requires that "behavioral" records be destroyed one year after the student ceases to be enrolled in the school, unless permission is grated in writing to maintain them for a longer period.

"Behavioral records mean those pupil records which include psychological tests; personality evaluations; records of conversations; any written statement relating specifically to an individual pupil's behavior; tests relating specifically to achievement or measurement of ability; the pupil's physical health records other than immunization records or lead screening records required under s.254.162, law enforcement officers; records obtained under s.48396(1)(b)2,(c)3, and any other pupil records that are not progress records, " Wis. Stat. sec. 118.125(1)(a).

Please note that if a student leaves the Kenosha Unified School District and the receiving school requests records, all records are mailed as required by law, even though this form is in the student cumulative records. Nevertheless, it is highly recommended that the "permission to retain behavior records" is on file for each student. This will insure that records not requested will be retained up to five years after leaving KUSD and be available in the event the student returns to KUSD. If the form is not on file, records will be destroyed one year after leaving KUSD.

☐ **I hereby request and authorize KUSD to retain behavior records for one year** ☐ **I hereby request and authorize KUSD to retain behavior records for five years**

Emergency/Health Information

Student Last Name	Student First Name	Student Date of Birth	Doctor Name	Doctor Phone

Emergency Contacts

Name	Date of Birth	Address	Home Phone	Cell Phone	Work Phone	Relationship to Student
Name	Date of Birth	Address	Home Phone	Cell Phone	Work Phone	Relationship to Student
Name	Date of Birth	Address	Home Phone	Cell Phone	Work Phone	Relationship to Student

Confidential Health Information

☐ My child has no known health problems

☐ My child has the following health problems

CONDITION (Name)	**COMMENTS AND INSTRUCTIONS**
1.	
2.	
3.	
4.	

MEDICATION (List names of all medications child takes, doses and times given):

Each medication given at school requires written parental consent. Each prescription medication requires a physician's written order and written parental consent. Additional medications can be added on a separate piece of paper. Medication forms may be obtained from the school office.

***Please Print Clearly**

MEDICATION (Name)	DOSAGE	WHERE ADMINISTERED (Home, School, Both)	TYPE OF MEDICATION (Daily, Emergency, As needed)	COMMENTS
1.				
2.				
3.				
4.				

☐ I do ☐ I do not give permission for the principal or his/her designee to contact any of the emergency contacts I have provided if my child becomes ill at school and you cannot reach me by phone.

☐ I do ☐ I do not give permission to contact the Student's Physician for consultation if needed.

☐ I do ☐ I do not give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

If a serious illness or accident occurs at school, I understand that my child will be sent by rescue squad to the emergency room. (All expenses charged by the hospital are the responsibility of the Parent/Guardian.)

I certify to the best of my knowledge that all information on this form is correct and that I have read the above notices.

Signature: _____ **Date:**_____/_____/_____

Print Name: _____