

WESTON SCHOOL DISTRICT STUDENT REGISTRATION FORM

SCHOOL ATTENDING: _____ **Date Enrolled** _____

STUDENT NAME INFORMATION: _____ **Grade:** _____

_____/_____/_____
STUDENT'S LEGAL NAME- Last _____ First _____ Middle _____ **Sex:** ___ Male ___ Female

Student Social Security Number: _____ - _____ - _____ **Birth Date:** _____/_____/_____
MONTH DAY YEAR **Age:** _____

Address: _____ **Telephone:** _____
Street/Rural Address Apt # or Lot #

City: _____, WI Zip _____ + _____

Location of birth: City _____ County: _____ State: ___ Country: _____

Name of last school attended: _____ **Phone:** _____

Address: Street _____ City _____ State _____ Zip _____

Ethnicity: ___ American Indian/Alaskan (√ one) ___ Asian Pacific ___ Hispanic ___ Black, Non-Hispanic ___ White, Non-Hispanic	Race: ___ American Indian or Alaskan Native (√ any ___ Asian that ___ Black or African American apply) ___ Native Hawaiian or Pacific Islander ___ White
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Student Lives With:
___ Both Parents ___ Mother Only ___ Father Only ___ Foster Home ___ Other (Specify) _____

CUSTODIAL PARENT/GUARDIAN INFORMATION:

Father/Guardian's Name: _____ **Home Phone:** _____

(Circle One)
Cell Phone: _____ **E-mail:** _____

Mailing Address: _____
(If different than student address listed above.)

Employer: _____ **Work Phone:** _____ **Work Hours** _____

Mother/Guardian's Name: _____ **Home Phone:** _____

(Circle One)
Cell Phone: _____ **E-mail:** _____

Mailing Address: _____
(If different than student address listed above.)

Employer: _____ **Work Phone:** _____ **Work Hours** _____

NON-CUSTODIAL PARENT INFORMATION:

Name: _____ **Relationship to Child** _____

Home Phone: _____ **Cell Phone:** _____ **E-mail:** _____

Mailing Address: _____

Employer: _____ **Work Phone:** _____ **Work Hours** _____

LOCAL ALTERNATE EMERGENCY CONTACT: (Persons to contact if you are unavailable at above numbers.)

First Contact: Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Relationship to child: _____
(Street, City)

Second Contact: Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Relationship to child: _____
(Street, City)

ALERT INFORMATION:

Please explain any special conditions that may exist (Including any medications* that your child is currently taking or allergies** including food allergies.): _____

***Before taking prescription and/or non-prescription medication at school, students are required to have a School Medication/Procedure Form on file. Medication and completed forms need to be turned into the school office.**

****DPI requires that we have a doctor's note verifying allergy/special diet needs. If your child requires food substitutions due to food allergies, a doctor's note needs to be on file in the school office prior to receiving special diet substitutions.**

MEDICAL INFORMATION:

Physician: _____ Phone _____ Location _____

Dentist: _____ Phone _____ Location _____

Hospital: _____ Phone _____ Location _____

I understand that the medical information provided will be shared with all personnel who need to know to protect the life and safety of my child. I, the undersigned, do hereby authorize officials of the Weston School District to contact directly the persons named, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent/Guardian Date

PLEASE LIST OTHER CHILDREN IN THE FAMILY

Brothers:
Name: _____ Birthdate _____

Sisters:
Name: _____ Birthdate _____

I understand that if my child has been expelled or referred for expulsion in a previous district, it is my obligation to inform the building principal of this upon registration.

Use of directory information, photographing and videotaping students, and use of student work.

(ONLY CHECK IF YOU DO NOT WANT THE FOLLOWING):

- I do **NOT** wish to have my child's directory information/work used for...
 'Public/Community Use' and sent outside the district for use in newspapers and/or other media (Group pictures on school website, newspaper articles, and TV coverage of various school activities).
 'Local/District Use' for displays at conferences, PTO meetings, and yearbooks.

I affirm that the information on this form is true & accurate.

Date Signature of Parent/Guardian Relationship to Child

Weston School District
Home Language Survey

Student's Name: _____
Nombre del Estudiante

Student I.D. Number: _____
Número de identificación del estudiante:

Sex: Male Female Date of Birth: __/__/__ Age: _____
Sexo Masculino Femenino Fecha de Nacimiento Edad

School: _____
Escuela

Grade: _____
Grado

1. What language did your child learn when he/she first began to talk? _____
¿Qué idioma aprendió su niño cuando él o ella comenzó a hablar?
2. What language is most frequently used by adults with each other at home? _____
¿Qué idioma es más usado por adultos con otros en el hogar?
3. What language is most frequently used by student with siblings? _____
¿Qué idioma se utiliza con más frecuencia por estudiante con sus hermanos?
4. What language is spoken in your home most of the time? _____
¿Qué idioma se habla en su casa la mayoría del tiempo?
5. What language does the student speak most of the time? _____
¿Qué idioma habla el estudiante a la mayoría del tiempo?
6. What language do parents speak to the student most of the time? _____
¿Qué idioma los padres hablan al estudiante la mayoría del tiempo?
7. What written language would you prefer to receive school communication?
(Such as attendance letters, etc.) _____
¿Qué lenguaje escrito preferiría recibir comunicación de la escuela?
(Como cartas de asistencia, etc.).

English
el inglés

Spanish
español

Signature of Parent/Guardian: _____ Date: _____
Firma del padre o tutor: Fecha

Weston School District

E2511 Hwy. S • Cazenovia, Wisconsin 53924



Emily Miller, Superintendent/K-12 Principal

Molly Kasten, Director of Pupil Services

Lime Ridge (608) 986-2151 • Cazenovia (608) 983-2380 • Fax (608) 986-2205 • www.weston.k12.wi.us

RELEASE OF INFORMATION FORM

I HEREBY AUTHORIZE _____
(NAME OF PRIOR SCHOOL DISTRICT)

(STREET)

(CITY, STATE, & ZIP CODE)

to release all records (including cumulative folder, health, test scores, immunization, exceptional needs information, credits, grades and any other pertinent data and information) to the following:

*Weston School District
Guidance Department – Records Personnel
E2511 Hwy S
Cazenovia, WI 53924*

RECORDS FOR: _____

Last grade attended: _____

SIGNATURE: _____

RELATIONSHIP TO STUDENT: _____

DATE OF REQUEST: _____