

Office Use Only
KUSD ID#:

Student Enrollment Form - Kenosha Unified School District No. 1

PLEASE PRINT

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

____ / ____ / ____ - ____ - ____
 Birth Date Student Social Security Number Gender (M / F)
 (optional)

Please select one:
 Hispanic or Latino
 Not Hispanic or Latino

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

Is a language other than English spoken in the home on a regular basis? No Yes, (please specify) _____
 Does the student use a language other than English on a regular basis? No Yes, (please specify) _____
 Is the student currently receiving "English Language Learner" services? No Yes, (please specify) _____
 Is there an adult in your home who can read English? No Yes _____
 Is there an adult in your home who can speak English? No Yes _____

Home Phone Listed Unlisted No Phone Home Address Lot/Apt City State Zip Code

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

Enrollment Status:
 KUSD Resident Non-KUSD Resident Foreign Exchange

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 Student lives with this guardian
 Relationship to Student (Father, Mother, Guardian) Yes No

Legal Guardian 2 Student lives with this guardian
 Relationship to Student (Father, Mother, Guardian) Yes No

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

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

Mailing Address Lot/Apt City State Zip Code

Mailing Address Lot/Apt City State Zip Code

Home Phone Cell Phone Work Phone

Home Phone Cell Phone Work Phone

Other Phone Email Address

Other Phone Email Address

How many consecutive academic years has your child attended school in the United States?
 Less than 1 year At least 1 but less than 2 At least 2 but less than 3 At least 3 but less than 4 At least 4 but less than 5 At least 5 years

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

Please complete reverse side

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

What special programs or services has your child received (speech, learning disability, etc.)? _____

<i>Please list information for all other students living in household.</i>		Gender	Age	School	Office Use Only Residency verified by one of the following: (circle all that apply) <u>Utility Bill</u> <u>House Title</u> <u>Apartment Lease</u>
Last Name	First Name	(M/F)			

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

I hereby assign and release all right to Kenosha Unified School District for the non-profit, educational and promotional use of my student's likeness, voice, name, class assignments or projects for reproduction, exhibition, and/or print/digital distribution (newsletters, brochures, web, television, radio, etc.).

If you do not agree with this statement, you need to inform the school, in writing, within 14 days after the date of enrollment, that all or part of the Media Release may not be used without your prior consent.

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: ____ / ____ / ____