

VIROQUA MIDDLE/HIGH SCHOOLS PUPIL ADMISSION FORM

Child's Legal Name _____

Last First Full Middle

Student's Address _____

Birthdate _____ Grade _____ Birthplace _____ Gender M F

Ethnicity **Step 1:** Select one below:

Hispanic or Latino
 Not Hispanic or Latino

Step 2: Mark one or more choices:

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

Primary Language _____

If not English can child speak or read English? Yes/ No

Is English spoken in household? Yes/ No

School District Resident? Yes/ No

If no, approved for Open Enrollment? Yes/ No

Previous School Name _____ Phone # _____

Address _____ Fax# _____

Date Withdrew _____ Grade _____ School Was: Public Private Parochial Special

Has your child ever been retained (repeated a grade)? Yes/ No If yes, what grade _____

Is your child currently expelled from a public school? Yes/ No If yes, name of school _____

Other helpful information - please check any of the following that apply to your child, and circle whether past or present:

_____ Special Education, Disability Area _____	PAST	PRESENT
_____ Title I Reading or Math	PAST	PRESENT
_____ Gifted Classes	PAST	PRESENT
_____ Have you been Expelled or Suspended	PAST	PRESENT
_____ Other, please specify: _____	PAST	PRESENT

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 _____ _____ Legal Guardian: Yes/No
Name Relationship (ex. Mother/Father, Step-Parent, Guardian or Other)

Home Address Apt/Lot/Unit P.O. Box (if applies) _____ County/Village/Township _____ E-mail Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer Name & Address _____ Phone Number _____

Parent/Guardian 2 _____ _____ Legal Guardian Yes/No
Name Relationship (ex. Mother/Father, Step-Parent, Guardian or Other)

(If different address from Parent/Guardian 1 - list below - Should School Reports/information also be mailed to this Parent/Guardian Yes/No

Home Address Apt/Lot/Unit P.O. Box (if applies) _____ County/Village/Township _____ E-mail Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer Name & Address _____ Phone Number _____

Whom does the child live with? _____

(For instance: Both Parents? Or Parent/Step-Parent/Significant Other/Grandparent?). If Step-Parent/Grandparent you will need to sign a release form for the office/teacher to share education/health/attendance information with that person - ask office or Counselor for form)

Please see other side

Please explain any other circumstances related to custody. Please provide any pertinent court documents related to custody issues and situations. List if there are restrictions of Parent/Grandparent to visit/pickup (you must provide a court document). _____

Is the student receiving any type of medical treatment and/or currently taking medication? Please explain.

CIRCLE if the child has any of the following health conditions/difficulties that the school should be aware of:

*Hearing *Vision *Allergies *Asthma *Seizures *Heart *Diabetes *Attention Deficit
*Other _____

Please describe the condition and include any procedures/accommodations that need to be followed at school related to this condition: _____

OTHER CHILDREN (Age 21 and under and living at home)

Name	Birthdate	Grade	School

Office Use Only			

Date Enrolled _____	Grade _____	Locker: Yes/No	Records Request: Yes/No
Forms Received:	<input type="checkbox"/> Emergency	<input type="checkbox"/> Parent/Student	<input type="checkbox"/> Signature <input type="checkbox"/> Fees <input type="checkbox"/> Family Access
Route to Nurse _____			

