

VIROQUA AREA SCHOOL DISTRICT PUPIL ADMISSION FORM

SCHOOL ATTENDING: ___Viroqua Elementary School ___Viroqua Area Montessori School

Student Legal Last Name	First Name	Middle Name
-------------------------	------------	-------------

Date of Birth: ___/___/___
Month Day Year
 Gender: Male Female
 Grade: _____

Place of Birth: _____
City State County Country

Ethnicity-(Choose 1 only) Is this student Hispanic or Latino? No, not Hispanic or Latino Yes, Hispanic or Latino
 Race- (Choose 1 or more) American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Student's primary language? _____ If not English, can child speak or read English? Yes No
 Is English spoken in the household? Yes No
 Resident of Viroqua School District? Yes No If no, approved for Open Enrollment? Yes No

Previous School Information:

PREVIOUS SCHOOL NAME	PREVIOUS SCHOOL PHONE NUMBER	PREVIOUS SCHOOL FAX NUMBER
PREVIOUS SCHOOL ADDRESS	PREVIOUS SCHOOL CITY	PREVIOUS SCHOOL STATE
		PREVIOUS SCHOOL ZIP CODE
PREVIOUS SCHOOL WAS: PUBLIC PRIVATE	(circle one) PAROCHIAL SPECIAL	DATE WITHDRAWN

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 _____

FAMILY OF RESIDENCE (Family student lives with) Please list all family members residing at this residence. We will send student reports/newsletter, etc. to this family.

Parent/Guardian Legal Name _____
 Mother Father Step-Parent Guardian Other _____
 Work Phone (_____) _____ Employer _____
 Cell Phone (_____) _____ E-Mail Address _____

Parent/Guardian Legal Name _____
 Mother Father Step-Parent Guardian Other _____
 Work Phone (_____) _____ Employer _____
 Cell Phone (_____) _____ E-Mail Address _____

ADDRESS _____
Number Direction Street Name Apt/Lot/Unit # P.O. Box

City State Zip Code

Separate mailing address (if different than above) _____

HOME PHONE/PRIMARY PHONE (_____) _____

Please list all other children 21 years of age and under living in this household.

Name	Date of Birth	Gender	School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECOND FAMILY INFORMATION Please list all family members residing at this residence.

Should we mail reports to this family? Yes No

Could this family come to your child's school and take responsibility if you can't be contacted? Yes No

Parent/Guardian Legal Name

Mother Father Step-Parent Guardian Other _____

Work Phone (____) _____ Employer _____

Cell Phone (____) _____ E-Mail Address _____

Parent/Guardian Legal Name

Mother Father Step-Parent Guardian Other _____

Work Phone (____) _____ Employer _____

Cell Phone (____) _____ E-Mail Address _____

ADDRESS

Number Direction Street Name Apt/Lot/Unit # P.O. Box

City State Zip Code

Separate mailing address (if different than above) _____

HOME PHONE/PRIMARY PHONE (____) _____

Please list all other children 21 years of age and under living in this household.

<u>Name</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Separated/Divorced/Never Married Parent Information

A certified copy of the court order information is requested to be on file in the student's school.

Type of Action: _____ Name of other parent _____

- Divorce
- Separation
- Annulment
- Never Married
- Custody Dispute

Current status of action _____

Is there a court order dealing with custody or visitation? ___ Yes ___ No

Are you the custodial parent? ___ Yes ___ No

Is there a joint custody order? ___ Yes ___ No

Should your child be released from school to the other parent? ___ Yes ___ No

If no, please explain: _____

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

_____ Head Start	PAST PRESENT	_____ Title I Reading or Math	PAST PRESENT
_____ Special Education	PAST PRESENT	_____ ELL	PAST PRESENT
_____ Gifted Classes	PAST PRESENT	_____ Other, please specify:	PAST PRESENT

PRE-KINDERGARTEN STUDENTS ONLY – please choose **school choice** and **day choice**:

School Choice (please circle) Viroqua Elementary School OR Viroqua Area Montessori School

Day Choice (please circle) Monday/Thursday Attendance OR Tuesday/Friday Attendance

OFFICE USE ONLY:

Date Enrolled _____ Grade _____ Assigned Teacher _____