

# The School District of Sturgeon Bay

1230 MICHIGAN STREET, STURGEON BAY, WI 54235-1431  
Website: www.sturbay.k12.wi.us 2016-2017

PHONE 920-746-2800  
FAX 920-746-3888

Office Use Only  
Grade \_\_\_\_\_ 4K \_\_\_ AM \_\_\_ PM \_\_\_ Full Day  
Start Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Verified Address \_\_\_ Yes \_\_\_ No  
Document Used \_\_\_\_\_

## Student Information

Child's Full Legal Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last Name First Name Middle

Date of Birth \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_ Youngest in the district   
Mo Day Year City/State County

Ethnicity: Part 1 *Please select one.* \_\_\_ Hispanic/Latino \_\_\_ Non-Hispanic/Latino

Part 2 *Select all that apply, must select at least one.* \_\_\_ American Indian/Alaska Native \_\_\_ Asian \_\_\_ White

\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_ Black/African American

Has this child previously attended any of the Sturgeon Bay Schools? \_\_\_\_\_

Last school (or district) this child attended \_\_\_\_\_

Does this child currently receive Special Education services? \_\_\_ Yes \_\_\_ No If yes, please explain. \_\_\_\_\_

Has this child ever been expelled? \_\_\_ Yes \_\_\_ No If yes, please explain. \_\_\_\_\_

Interpreter Needed? \_\_\_ Yes \_\_\_ No Has this child repeated a grade? \_\_\_ No \_\_\_ Yes If yes, which Grade? \_\_\_\_\_

Guardian Alert - Is there someone who should NOT pick up your child at school? \_\_\_ Yes \_\_\_ No If yes, please contact your child's school office with proper documentation.

Does your student have a computer with Internet access that can be used for homework? \_\_\_ Yes \_\_\_ No

## Home Information

Child's Home Address \_\_\_\_\_ Apt \_\_\_\_\_ Primary Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Parents \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single Who has custody? \_\_\_ Mother \_\_\_ Father \_\_\_ Joint \_\_\_ Other

Student lives with \_\_\_ Mother \_\_\_ Father \_\_\_ Both parents one household \_\_\_ Both parents separate households

Other \_\_\_\_\_

## Mother Information

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Legal guardian \_\_\_ Yes \_\_\_ No

Address (if different than student's) \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Employer \_\_\_\_\_ Email address \_\_\_\_\_

Is this a second parent address to receive school mailings/notifications? \_\_\_ Yes \_\_\_ No

## Father Information

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Legal guardian \_\_\_ Yes \_\_\_ No

Address (if different than student's) \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Employer \_\_\_\_\_ Email address \_\_\_\_\_

Is this a second parent address, to receive school mailings/notifications? \_\_\_ Yes \_\_\_ No

Please complete both sides of form.

Step-Parent/Guardian #1 and #2 Information

Step-Parent/Guardian #1
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Legal guardian \_\_\_ Yes \_\_\_ No
Address (if different than student's) \_\_\_\_\_
Phone Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_
Employer \_\_\_\_\_ Email address \_\_\_\_\_
Is this a second parent/guardian address, to receive school mailings/notifications? \_\_\_ Yes \_\_\_ No
Step-Parent/Guardian #2
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Legal guardian \_\_\_ Yes \_\_\_ No
Address (if different than student's) \_\_\_\_\_
Phone Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_
Employer \_\_\_\_\_ Email address \_\_\_\_\_
Is this a second parent/guardian address, to receive school mailings/notifications? \_\_\_ Yes \_\_\_ No

Allergies \_\_\_ Yes \_\_\_ No - If yes, please contact your child's school office with medical documentation.
Medical Alert \_\_\_ Yes \_\_\_ No - If yes, please contact your child's school office with medical documentation.
Special health conditions \_\_\_ Yes \_\_\_ No - If yes, please contact your child's school office with medical documentation.
Requires medication at school? \_\_\_ Yes \_\_\_ No - If yes, please contact your child's school office with medical documentation.
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_
Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_
For middle/high school parents: Permission for non-aspirin - I give SBSB personnel consent to administer non-aspirin (acetaminophen) to my middle school/high school child. \_\_\_ Yes \_\_\_ No Specify \_\_\_ One tablet \_\_\_ Two tablets

Health Information

SBSB does not provide insurance for students, but you may purchase accidental insurance through the district. Forms are available from the school offices.

Emergency/Census Information

Please list someone who is able to pick up your child in your absence. Must be 18 years or older.
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_
Census Information and Siblings Attending Other Sturgeon Bay Schools -
List other members of your immediate household also living at this address: (Include all ages birth through 21)
Name Date of Birth Relationship to Child School Attending (if school age)
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Parent Authorization

High School Juniors and Seniors: I give permission for the school district to release my directory data to military recruiters.
\_\_\_ Yes \_\_\_ No
Photos and videos may appear in various District materials, including school and district websites, social media websites, newsletters, brochures, advertising, etc. Student names are usually not used in association with photos and videos, but when they are, only first names will be used except in situations where full names are standard. Most parents/guardians support and encourage this celebration of achievements, so by default all parents/guardians who register their students are giving permission for this use. If you have a particular concern about this, please talk with your child's principal so alternate arrangements can be made, if needed.
If deemed necessary, your child will be sent to your family doctor or emergency room at parent's/guardian's expense. As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child and to release to the school the medical facilities to which my child is transferred to and/or admitted.
I give my permission to share the information on the Registration/Emergency Information Sheet with the appropriate SBSB personnel to promote the health and safety of my child, thus enhancing his/her ability to learn.
By signing this form, I give permission to share my child's immunization records with the Wisconsin Immunization Registry and my Immunization Provider for the purpose of maintaining a complete and accurate record to assist in assuring full immunization.
I give permission to be contacted using our school's automated notification system.

Parent/Guardian signature \_\_\_\_\_ Dated \_\_\_\_\_
The above signature acknowledges that I have read and consent to all of the above.