

The School District of Sturgeon Bay

1230 MICHIGAN STREET, STURGEON BAY, WI 54235-1431
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PHONE 920-746-2800
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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** - 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, documentation is needed.

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 _____

Parent #1 and #2 Information

Parent #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

Parent #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

Guardian #1 Information

Custodial Guardian #1 (If other than a parent)

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

Please complete both sides of form.

Custodial Guardian #2 (If other than a parent)

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

Parent in Military

Is either parent or guardian on active duty in the military? Yes ___ No ___

Is either parent or guardian a traditional member of the Guard or Reserve? Yes ___ No ___

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? Yes ___ No ___

Allergies ___ Yes ___ No - If yes, please contact our district nurse secretary with medical documentation.

Medical Alert ___ Yes ___ No - If yes, please contact our district nurse or secretary with medical documentation.

Special health conditions ___ Yes ___ No - If yes, please contact our district nurse or secretary with medical documentation.

Requires medication at school? ___ Yes ___ No - If yes, please contact our district nurse or secretary with medical documentation.

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

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

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) _____

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.