

TWO RIVERS PUBLIC SCHOOLS REGISTRATION FORM

Registration Date _____ Grade _____ School _____

Name of Student _____ Social Security # _____
(Last) (First) (Middle)

Date of Birth _____ Sex (M) _____ (F) _____ Language spoken in the Home _____

When did the student first begin school in the USA? _____ Have they attended school outside the USA? _____ If yes how long? _____

A. Is student Hispanic/Latino (select one) **Yes** or **No**

B. Federal Race: (you **MUST** also select at least one of the five choices below)

1. American Indian or Alaska Native 2. Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Islander 5. White

Place of Birth _____
(City) (County) (State/Zip) (Country if other than USA)

Did student's parent(s) attend Two Rivers Schools? (**Y** or **N**): Father _____ Mother _____ Mother's maiden name _____

Are there any court ordered restrictions we should be aware of? **No** **Yes** (explain) _____ (court documentation required)

Is this move because of a financial need? **Y** or **N** (circle one) If yes, please explain _____

****1st Family is the primary residence; this is where the student sleeps the majority of the time during the school week***

(If student's primary residence is with someone other than a parent, please fill in your information as 1st Family, include first and last names)

Primary Phone Number _____ Landline ___ Cell ___

Address (include city, state and zip code) _____ City _____ or Township of _____

1st Family – Parent/Guardian/Self _____ Relationship to student _____

2nd Phone _____ (check one) Cell ___ Work ___ 3rd Phone _____ (check one) Cell ___ Work ___

Other Parent/Guardian or Step-parent (residing at same address) _____ Relationship to student _____

2nd Phone _____ (check one) Cell ___ Work ___ 3rd Phone _____ (check one) Cell ___ Work ___

Contact email address _____ The school may send notifications to this email address **Y** or **N**

**** If this is a single parent or divorced family, please fill out the information in the next section***

2nd Family – Parent/ Guardian _____ Relationship to student _____

Primary Phone _____ (check one) Landline ___ Cell ___

2nd Phone _____ (check one) Cell ___ Work ___ 3rd Phone _____ (check one) Cell ___ Work ___

Step-parent _____

2nd Phone _____ (check one) Cell ___ Work ___ 3rd Phone _____ (check one) Cell ___ Work ___

2nd Family's Address (include city, state and zip code) _____

Emergency Information

Physician's Name _____ Telephone Number _____

In an emergency call (other than parent) _____ Address _____

Home Phone _____ 2nd Phone _____ (check one) Cell ___ Work ___ Relationship to student _____

****This section is only for students with CRITICAL health information that would require immediate attention (include any special instructions)***
(Information will be flagged in our student records and available only to appropriate school staff)

I give permission to flag my child's record noting a critical health condition

(Signature of parent or guardian)

- Must fill out both sides of form -
-Previous school information-

Has the student been expelled from any other Public School District? _____ No _____ Yes (Specify) _____

Was the student enrolled in any special needs programs? _____ No _____ Yes (Specify) _____
(ex. Special Education, 504, G/T, ELL, Title I, etc.)

Student previously attended: _____
(School) (Address) (City) (State/Zip)

-Other children in the household-

In the blanks below, please write the first, last, and middle name of the children who **reside within your household** from the ages of 0 to 20.
If applicable, give the grade and school each child attends. Please note how this child is related to the student.

First and Last Names of Children ages 0-20	Race <i>*See explanation below</i>	Male or Femal e	Birthdate Month Day Year	School Now Attending (if applicable)	Present Grade	Child's Relationship to Student

***RACE: Choose all that apply:** **H** (Hispanic/ Latino) If Hispanic you must also choose at least one of the following;
I (American Indian or Alaskan Native); **A** (Asian); **B** (Black); **P** (Native Hawaiian or Other Pacific Islander); or **W** (White);

Student's personal cell phone _____ Student's personal home email address _____
(fill in the above information only if it applies to this student)

- IMPORTANT -

Please notify us if any information changes in the future; this includes addresses, phone numbers and changes in family situations.
You may contact the building secretary or call or email Chris Reindl @ 920-794-7522 ext 2101 christine.reindl@trschoools.k12.wi.us

NOTE: Enrollment is not guaranteed until information on this form has been verified. **All information on this form is true and factual to the best of my knowledge. Misrepresentation or omission of facts may result in denial of enrollment or continued enrollment in the Two Rivers Public School District. All information received will be confidential information used only on an as needed basis by school district employees.*

Parent Signature _____ Date _____

The Two Rivers Public School District does not discriminate on the basis of race, color, religion, sex, national origin, age, or handicap

FOR OFFICE USE ONLY: (to be filled in before form is sent to Central Office, please fax both sides of this form)

Homeroom or teacher name _____ Room # _____ Advisor _____

Starting Date _____ Birth Certificate was checked **Y** or **N**

Have filled out a **Home Language Survey** (please include a copy with registration form and fax to Chris Reindl @ 793-4014)