

**School District of Wild Rose  
New Student Registration - Grades 6-12**

Enrollment Date \_\_\_/\_\_\_/\_\_\_

Grade \_\_\_\_\_

**Is this student under expulsion from another school  
or under the process of an expulsion hearing? \_\_\_ Yes \_\_\_ No**

Date of Birth \_\_\_/\_\_\_/\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Child's **LEGAL** Name (Last, First, Middle) \_\_\_\_\_ (M) \_\_\_\_\_ (F)

Phone(\_\_\_\_) \_\_\_\_\_ Street Address \_\_\_\_\_  
House Number and Street Name City, State, Zip Code

Mailing Address (If different from street address) \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_

Home is Located in Township of: \_\_\_ Belmont \_\_\_ Bloomfield \_\_\_ Dayton \_\_\_ Leon \_\_\_ Mt. Morris  
\_\_\_ Rose \_\_\_ Saxeville \_\_\_ Springwater \_\_\_ Wautoma \_\_\_ Village of Wild Rose

Home is Located in County of: \_\_\_ Waushara \_\_\_ Waupaca \_\_\_ Portage

Required for No Child Left Behind/WI School Locator Number

Birth City \_\_\_\_\_ Birth State \_\_\_\_\_ Birth Country \_\_\_\_\_ Birth County \_\_\_\_\_

Previous School \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Is your child enrolled in a special program? \_\_\_ Yes \_\_\_ No Which one? \_\_\_\_\_

Is your student's ethnicity: \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino  
Select all that apply to indicate student's race: White (W) Black or African American (B) Asian (A)  
Native Hawaiian or Other Pacific Islander (N) American Indian or Alaska Native (I)

Language(s) other than English spoken in the home \_\_\_\_\_

Name(s) of adult(s) Child is living with:

Male \_\_\_\_\_  
First Name Last Name Relationship (e.g., Father, step-father, legal guardian, etc.)

Name, Location & Phone Number of Employer \_\_\_\_\_

Female \_\_\_\_\_  
First Name Last Name Relationship (e.g., Father, step-father, legal guardian, etc.)

Name, Location & Phone Number of Employer \_\_\_\_\_

**Brother and Sisters that reside in the same household:**

Brothers Name _____	Grade _____	Date of Birth _____	Age _____
Brothers Name _____	Grade _____	Date of Birth _____	Age _____
Brothers Name _____	Grade _____	Date of Birth _____	Age _____
Sisters Name _____	Grade _____	Date of Birth _____	Age _____
Sisters Name _____	Grade _____	Date of Birth _____	Age _____
Sisters Name _____	Grade _____	Date of Birth _____	Age _____

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Have you (the parent or guardian) ever moved anywhere in the USA for agricultural or fisher employment, such as in seasonal or temporary farm work, cannery-processing work, or in the production or processing of crops, dairy products, poultry, or livestock? \_\_\_ NO \_\_\_ YES \_\_\_\_\_ Year of Move

# SCHOOL DISTRICT OF WILD ROSE

## "Home of the Wildcats"

### Craig Hayes

District Administrator  
hayesc@wildroseschools.org  
600 Park Avenue, PO Box 276  
Wild Rose, WI 54984-0276  
(920) 622-4203  
Fax (920) 622-4604

### Chris Nelson

Middle School-High School Principal  
nelsonc@wildroseschools.org  
Wild Rose Middle-High School  
600 Park Avenue, PO Box 276  
Wild Rose, WI 54984-0276  
(920) 622-4201  
Fax (920) 622-4801

### Matt Wilbert

Elementary Principal  
wilbertm@wildroseschools.org  
Wild Rose Elementary School  
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Wild Rose, WI 54984-0119  
(920) 622-4204  
Fax (920) 622-4601  
Pleasant View Elementary  
N5275 County Road NN  
Pine River, WI 54965  
(920) 987-5123  
Fax (920) 987-5136

## NEW STUDENT SCREENING FORM

Instructions: Parent is to complete this screening form at the time of enrollment and return it to the school.

Student name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Present Grade Level: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Former School: \_\_\_\_\_

Former School Address: \_\_\_\_\_

- Has this student received special academic help?  
Title I: \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, indicate which area(s): \_\_\_\_\_ Reading \_\_\_\_\_ Math
- Has this student ever been enrolled in a Special Education Program? \_\_\_\_\_ No \_\_\_\_\_ Yes
- Does this student have a current IEP? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, tell us what his/her needs are.
- Was this student ever retained? \_\_\_\_\_ No \_\_\_\_\_ Yes
- Is there any other information that we should know about this student?

Person Authorizing Release: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent  Guardian  School Official

Bring or Send To: Wild Rose Middle/High School  
PO Box 276 600 Park Ave.  
Wild Rose, WI 54984

If the student is receiving Special Education services, in addition to mailing the IEP and evaluations, please fax the latest IEP and evaluations as soon as possible to (920) 622-4601.

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## NEW STUDENT HOME LANGUAGE SURVEY

Student name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Arrival in United States if born outside of the United States: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Both father and mother \_\_\_\_\_ Father \_\_\_\_\_ Mother  
\_\_\_\_\_ Guardian \_\_\_\_\_  
(Name)

\_\_\_\_\_ 1. Which language did your child learn when he/she first began to speak?

\_\_\_\_\_ 2. Which language is used most frequently by the adults in your home?

\_\_\_\_\_ 3. Which language is used most frequently by your child?

If ENGLISH is the answer to all three of the above questions, this survey is complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent  Guardian  Adult Student

Please answer these questions if English is NOT the answer to all three numbered questions above.

1. What language(s) does the student speak? \_\_\_\_\_  
What language(s) does the student read? \_\_\_\_\_  
What language(s) does the student write? \_\_\_\_\_

2. If a language other than English is spoken in the home, do the parents/guardians request communications from the school to be in English or in another language? \_\_\_\_\_ English \_\_\_\_\_ Other:  
If the request is for a language other than English, which language? \_\_\_\_\_

3. Has the student attended other schools? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Name of other school(s): \_\_\_\_\_  
How long did the student attend school? \_\_\_\_\_

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## NEW STUDENT EXPULSION STATUS FORM

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Pursuant to Wisconsin Statute 120.13(1)(f): "No school board is required to enroll a pupil during the term of his or her expulsion from another school district."

Please respond to the following statements regarding the expulsion status of your child/ward.

\_\_\_\_\_ NO – The above named student is not currently expelled from another school district.

\_\_\_\_\_ NO – The above named student has not previously been expelled from another school district.

\_\_\_\_\_ NO – The above named student is currently in an expulsion process in another school district.

\_\_\_\_\_ YES – The above named student is currently or has been expelled from, or is in an expulsion process, in another school district.

\_\_\_\_\_ YES – The above named student has a withdrawal agreement in lieu of an expulsion from another school district.

Name of school district from which expelled: \_\_\_\_\_

Beginning date of expulsion: \_\_\_\_\_

Ending date of expulsion: \_\_\_\_\_

My signature below indicates that the above information is true and accurate. I understand that if any of the above information is not true, the District has the right to revoke my child's/ward's enrollment in the School District of Wild Rose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent       Guardian       Adult Student

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\_\_\_\_\_ YES - Is the above named student currently under any formal, informal, or pending disposition with any law enforcement agency, social/human services agency, or court jurisdiction?  
If YES, please name the agency/jurisdiction. \_\_\_\_\_

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## STUDENT RECORD REQUEST

\_\_\_\_\_ Date \_\_\_\_\_

The following student(s) has enrolled in the School District of Wild Rose:

Name of Student	Grade	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned hereby requests and authorizes: (Name and address of previous school)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To forward the following information to the School District of Wild Rose:

- \_\_\_\_\_ Withdrawal Grades
- \_\_\_\_\_ Academic Reports
- \_\_\_\_\_ Behavioral Reports
- \_\_\_\_\_ Test Scores (such as state tests, MAP, Universal screens, etc.)
- \_\_\_\_\_ Psychological Evaluations
- \_\_\_\_\_ Speech and Language Evaluations
- \_\_\_\_\_ Special Education Records and Evaluations
- \_\_\_\_\_ Health and Immunizations Records
- \_\_\_\_\_ ALL OF THE ABOVE
- \_\_\_\_\_ Other: \_\_\_\_\_

Person Authorizing Release: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent       Guardian       School Official

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