



DISTRICT STUDENT INFORMATION FORM

Home Phone: _____
Legal Last Name Full First Name Full Middle Name

School attending: _____ Bus No. _____ Locker No. _____

Are you attending under: Boundary Exception Open Enrollment Neither – this is student’s normal attendance area

Grade: _____ Teacher: _____ Student ID No. _____

Birth Date: _____ Age: _____ Gender: Male Female

Who has primary/physical custody of student? Father/Mother in Same Home Together Father Mother Step Parent
 Foster Parent Guardian 50/50 Joint Custody Father/Mother Other _____
↓ (Primary custodians will be contacted FIRST in cases of emergency or illness.)

Name(s): _____

Do you have a court ordered custody agreement that would specify who is responsible for making educational decisions concerning this student? Yes No N/A (If YES, please provide a copy of the most current paperwork.)

Who does the student live with? If child lives with BOTH parents at same address, please fill out section ❶ and ❷.
If child lives part-time at one residence as the primary placement address, and part-time at another address due to a custody arrangement, please fill out the information in section ❶ below for the primary placement address, and section ❸ below to indicate the *secondary* address that the child resides at.

❶ NAME: _____

PRIMARY ADDRESS: _____

Home Phone: _____

Cell Phone: _____

E-mail address: _____

Place of Employment: _____

Work Phone: _____

Times Worked: _____



❷ Name: _____ Cell Phone: _____

Place of Employment: _____ E-mail address: _____

Times Worked: _____ Work Phone: _____

❸ Secondary address: Please check this box if school information (i.e., newsletters, reports cards, etc.) should be mailed to this address.

Relationship: Father Mother Step Parent Foster Parent Guardian Other _____

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ E-mail Address: _____

Place of Employment: _____ Work Phone: _____

Times Worked: _____

Please turn form over to complete back side.

Yes No **(Check YES to grant permission to the following)** I have read the WRPS Acceptable Use Policy (AUP) found in the school handbook or at the WRPS Website (www.wrps.org) regarding the use of technology (school computers and the Internet). (You may request a copy of the AUP from your building office.) **I give my child permission** to use the school district network and its resources.

PHOTO RELEASE: By signing below, I grant WRPS permission to use photos of my child in media sources (newsletters, school web pages, school video productions, newspaper, news video footage, etc.). I will notify the school in writing within 14 days of signing this form if I *do not* wish to grant this permission.

CURRENTLY, where is the student living? (**Check one**) WITH parent/guardian in own home or apartment
 WITH friends or family members (without parent/guardian)
 WITH parent/guardian at another family/friend's home due to loss of housing or as a result of economic hardship
 IN shelter or temporary foster care IN motel, car, or campsite IN transitional housing
 STUDENT on own, in home or apartment OTHER (please explain) _____

Please note: This is a required question which affects District funding for our Homeless program. Thank you for taking the time to answer this question.

Other children from your household attending Wisconsin Rapids Public Schools:

Name : _____ School: _____ Grade: _____

Name : _____ School: _____ Grade: _____

Name : _____ School: _____ Grade: _____

Name : _____ School: _____ Grade: _____

HEALTH CONCERNS

List any health conditions: _____

List *prescription* medications taken on a daily basis: _____

Is medication required at school? Yes No

Student has allergies to: Animals Foods Insects Medication Seasonal

Specify allergies: _____ EpiPen required? Yes No

Describe allergic reaction: _____

Name of physician or clinic: _____ Phone: _____

Name of dentist: _____ Phone: _____

Student wears glasses: Yes No Student wears contact lenses: Yes No

List two individuals who will assume temporary care of your child if you cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In an emergency, I understand that WRPS staff will contact the emergency room at Riverview Hospital.

Parent or guardian signature

Date