



**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 my normal attendance area*

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Student ID No. \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

**HOME Address:** \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent(s)/guardian(s) residing with student (***PRIMARY*** placement of student): Email: \_\_\_\_\_

Relationship:  Father  Mother  Step Parent  Foster Parent  Guardian  Other \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Times Worked: \_\_\_\_\_

Do you have a court ordered custody agreement that would pertain to making educational decisions?  Yes  No  N/A  
(If YES, please provide a copy)

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Relationship:  Father  Mother  Step Parent  Foster Parent  Guardian  Other \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Times Worked: \_\_\_\_\_

**JOINT Custodial or Noncustodial** parent(s)/guardian(s): Email: \_\_\_\_\_

Relationship:  Father  Mother  Step Parent  Foster Parent  Guardian  Other \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Times Worked: \_\_\_\_\_

.....

Relationship:  Father  Mother  Step Parent  Foster Parent  Guardian  Other \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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