



Beaver Dam Unified School District – Student Registration

For Office Use Only

School Assignment: _____

STUDENT INFORMATION *(please use full/legal names)*

Student Last Name		Student First Name		Student Middle Name	
Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Grade Entering	
Date Entering		Place of Birth (City, State/Country and County)		Birth Language	
Date of Most Recent US School Enrollment		Required Ethnicity: Is this student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No ALSO check one or more of the races listed below: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
Has your family moved anywhere in the last 3 years to work in agriculture, dairy, livestock, or fishing (seasonal work)? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION INFORMATION

Please check any of the specialized programming your child receives: <input type="checkbox"/> Special Ed/IEP <input type="checkbox"/> English Language Learner (ELL/ESL) <input type="checkbox"/> Gifted and Talented <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other: _____ <input type="checkbox"/> None		
Has this student ever been enrolled in the Beaver Dam Unified School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this student currently under an expulsion order or been expelled from another district? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this student ever been retained or accelerated? <input type="checkbox"/> Yes – Grade: _____ <input type="checkbox"/> No
Name of School Transferring From		City and State

STUDENT'S PRIMARY RESIDENCE (FAMILY 1)

Street Address		City, State, Zip	
Primary Phone Number	Primary Email Address		
Parent/Guardian Last Name	Parent/Guardian First Name		Relationship
Maiden/Former Name(s)	Work Phone	Cell Phone	
Parent/Guardian Last Name	Parent/Guardian First name		Relationship
Maiden/Former Name(s)	Work Phone	Cell Phone	

STUDENT'S SECONDARY RESIDENCE (FAMILY 2)

Street Address		City, State, Zip	
Primary Phone Number	Primary Email Address		
Parent/Guardian Last Name	Parent/Guardian First Name		Relationship
Maiden/Former Name(s)	Work Phone	Cell Phone	
Parent/Guardian Last Name	Parent/Guardian First name		Relationship
Maiden/Former Name(s)	Work Phone	Cell Phone	

EMERGENCY INFORMATION

In the event of an illness or other emergency, we will attempt to contact the parent(s)/guardian(s) first. Please list **two other local people** we can contact to pick up your child if we are unable to reach a parent/guardian.

Last Name		First Name		Relationship
Address				
Primary Phone		Work Phone		Cell Phone

Last Name		First Name		Relationship
Address				
Primary Phone		Work Phone		Cell Phone

In an emergency situation (health or other) attempts will be made to contact the parent/guardian. If unable to contact the parent/guardian, the individual(s) designated as emergency contact(s) will be called. Beaver Dam Unified School District reserves the right to call Emergency Medical Services if the situation warrants. If your child has special health concerns or special circumstances please contact your child’s school nurse and/or principal.

SIBLING INFORMATION (Ages 0 – 21)

Last Name	First Name	Gender	Race	Date of Birth	Resides With
					<input type="checkbox"/> Family 1 <input type="checkbox"/> Family 2
					<input type="checkbox"/> Family 1 <input type="checkbox"/> Family 2
					<input type="checkbox"/> Family 1 <input type="checkbox"/> Family 2
					<input type="checkbox"/> Family 1 <input type="checkbox"/> Family 2
					<input type="checkbox"/> Family 1 <input type="checkbox"/> Family 2
					<input type="checkbox"/> Family 1 <input type="checkbox"/> Family 2

I verify that all the information provided is accurate and verifiable to the best of my knowledge.

Parent/Guardian Signature _____ Date: _____

The Beaver Dam Unified School District shall not discriminate on the basis of sex, race, color, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation, handicap or physical, mental, emotional or learning disability or any other characteristic protected by state or federal law in the educational programs or activities which it operates or in employment practices.