Beaver Dam Unified School District – Student Enrollment

For Office Use Only

School: _____

STUDENT INFORMATION *(please use FULL LEGAL name)*

Student Last Name	Student First Name	Student Middle Name

Date of Birth	Gender	Gender Identity	Grade Entering	Student Cell Phone (If applicable)

Birth Language	City & State of Birth	County of Birth (Dodge, Dane, etc.)	Country of Birth (USA, Canada, Mexico, etc.)

Ethnicity Designation

Hispanic/Latino Ethnicity? ☐ Yes ☐ No If **YES**, please select all that apply below:

☐ Mexican ☐ Columbian ☐ Ecuadorian ☐ Guatemalan ☐ Salvadoran

☐ Puerto Rican ☐ Spanish ☐ Other _____

Race Designation – Select all that apply.

☐ White ☐ Native Hawaiian/Other Pacific Islander

☐ Native American or Alaska Native – please select the tribe the student is a member of (if applicable):

☐ Bad River Band ☐ Ho-Chunk ☐ Forest County ☐ Lac du Flambeau ☐ Oneida Nation WI ☐ Menominee ☐ St. Croix

☐ Sokaogon ☐ Red Cliff ☐ Stockbridge ☐ Brothertown ☐ Lac Courte Oreilles ☐ Other_____

☐ Asian – if selected, please select all that apply below:

☐ Burmese ☐ Chinese ☐ Filipino ☐ Hmong ☐ Indian ☐ Japanese ☐ Karen

☐ Korean ☐ Vietnamese ☐ Unknown ☐ Other: _____

☐ Black or African-American – if selected, please select all that apply below:

☐ African-American ☐ Ethiopian-Oromo ☐Ethiopian – Other ☐ Liberian ☐ Nigerian ☐ Somali

☐ Unknown ☐ Other: _____

EDUCATION INFORMATION

Please check any of the specialized programming your child receives:

☐ None ☐ Special Education or Speech IEP ☐ English Language Learner (ELL/ESL) ☐ 504 Plan ☐ Gifted and Talented ☐ Other: _____

Has this student ever been expelled from or have pending expulsion proceedings in another school district?	Has this student ever repeated a grade or been grade accelerated?
☐ Yes ☐ No If **yes**, please explain: _____ _____	☐ No ☐ Repeated grade _____ ☐ Accelerated from grade ____ to grade ____

Entering From

☐ First Year of School ☐ Wisconsin Public School ☐ Wisconsin Private School ☐ Out of State ☐ Home Based Education ☐ Foreign Country

Name of School & District Transferring From	City and State

AGRICULTURE WORK

Has a member of this student's family worked in agriculture in the past 3 years? ☐ **Yes** ☐ **No** If **YES**, please answer the following questions:

What is the worker's relationship to the student?

What was the nature of the work and where did you do the work?

When was the work performed and for how long?

Have you come to this district/area seeking agriculture work?

MILITARY FAMILY

Is any parent/guardian a member of the US Military? ☐ **Yes** ☐ **No** If **YES**, please select all that apply:

☐ Active Duty – Full time duty in the active military service of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard.

☐ Traditional member of the National Guard or Reserve.

☐ Full time Active National Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32.

FAMILY INFORMATION

Who has PRIMARY/PHYSICAL placement of the student?

☐ Mother & Father in same household ☐ 50/50 Joint Custody ☐ Mother ☐ Father ☐ Guardian ☐ Foster Parent ☐ Other: _____

Parents/guardians listed under the student's primary residence (family 1) below will be contacted first in cases of emergency or illness.

Does the student's non-custodial parent have legal rights to educational information? ☐ Yes ☐ No

If you answer YES, please list that parent under the secondary residence (family 2).

If you answered NO, please provide court documentation showing the termination of parental rights.

Who does the student live with?

> If the student lives with BOTH parents at the same address, please fill out the Primary Residence (Family 1) section only.

> If the student 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 for Family 1 for the primary placement address and Family 2 for the non-primary placement address.

STUDENT'S PRIMARY RESIDENCE (FAMILY 1)

Address (street address, city, state, and zip code)	Household Primary Phone Number

Parent/Guardian Last Name	Parent/Guardian First Name	Relationship

Maiden/Former Name(s)	Cell Phone	Work Phone

Email Address

Parent/Guardian Last Name	Parent/Guardian First name	Relationship

Maiden/Former Name(s)	Cell Phone	Work Phone

Email Address

STUDENT'S SECONDARY RESIDENCE (FAMILY 2)

Address (street address, city, state, and zip code)	Household Primary Phone Number

Parent/Guardian Last Name	Parent/Guardian First Name	Relationship

Maiden/Former Name(s)	Cell Phone	Work Phone

Email Address

Parent/Guardian Last Name	Parent/Guardian First name	Relationship

Maiden/Former Name(s)	Cell Phone	Work Phone

Email Address

RESIDENCY VERIFICATION – FOR OFFICE USE ONLY **Verified by:** _____

CATEGORY A DOCUMENT:	☐ Mortgage Statement	☐ Lease Agreement	☐ Closing Statement	☐ Accepted Purchase Agreement	
CATEGORY B DOCUMENT:	☐ Gas/Electric	☐ Water	☐ Cable/Satellite	☐ Landline/Cell Phone	☐ Credit Card
	☐ Bank Statement	☐ Wage Statement	☐ Health Ins	☐ Auto Ins	☐ Home/Renter Ins
	☐ SSI	☐ W2	☐ TANF	☐ Food Share	☐ Housing Assistance

STUDENT NAME: _____ GRADE: _____

TRANSPORTATION

If your address is eligible for district transportation services, will you be using bus services? ☐ Yes ☐ No If YES, please complete information below:			
Pick-Up Location (Before School):	☐ No Ride Needed	☐ Home	☐ Approved Alternate Location:
Drop Off Location (After School):	☐ No Ride Needed	☐ Home	☐ Approved Alternate Location:

If you would like pick-up/drop-off at an alternate location for your student, you must complete an Alternate Transportation Request. This form is available from the Educational Service Center (705 McKinley St.) or from the bdusd.org website. ***Alternate pick-up/drop-off requests may only be made for students in grades 4K – 5.*** *Students in grades 6 – 12 may qualify if there are special circumstances. The Beaver Dam Unified School District will make the final decisions on all alternate drop-off/pick-up requests.*

EMERGENCY INFORMATION – Do not list the student's parent/guardian as an emergency contact.

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 (street address, city, state, and zip code)		
Primary Phone	**Cell Phone**	**Work Phone**

Last Name	**First Name**	**Relationship**
Address (street address, city, state, and zip code)		
Primary Phone	**Cell Phone**	**Work Phone**

In an emergency situation (health or other) attempts will be made to contact the parent/guardian. If we are 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 – 18)

Please list any other children in the household with the same parent(s) – use another sheet of paper if more space is needed.

Last Name	**First Name**	**Gender**	**Race**	**Date of Birth**	**Resides With**
					☐ Family 1 ☐ Family 2
Last Name	**First Name**	**Gender**	**Race**	**Date of Birth**	**Resides With**
					☐ Family 1 ☐ Family 2
Last Name	**First Name**	**Gender**	**Race**	**Date of Birth**	**Resides With**
					☐ Family 1 ☐ Family 2
Last Name	**First Name**	**Gender**	**Race**	**Date of Birth**	**Resides With**
					☐ Family 1 ☐ Family 2

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

Parent/Guardian Signature_____ Date: _____

Beaver Dam Unified School District – Health Record Information

Student Name: _____ Grade: _____

In order to meet your child's health needs while at school, we request the following information. **Please complete and sign below even if no health needs exist.** Standard first aid procedures are followed for all injuries and illnesses occurring during school. Please make sure we have a way to contact you in an emergency.

Has your child been diagnosed with any of the following conditions by a Healthcare Provider (check all that apply)?
Is this a change from last school year? ☐ Yes ☐ No

☐ ADD/ADHD	☐ Emotional/Behavioral/Psych	☐ Heart Condition
☐ Asthma	☐ Headaches/Migraines	☐ Epilepsy/Seizures
☐ Diabetes	☐ Orthopedic	☐ Other: _____

Details/Specifics regarding condition:

Allergies		
☐ Food	Specify:	**Does your child require emergency epinephrine: ☐ Yes ☐ No**
☐ Insect	Specify:	Does your child require oral antihistamine? ☐ Yes ☐ No
☐ Seasonal	Specify:	*If yes to either, the medication will need to be provided by the parent/guardian and a medication consent form is required in order to administer it at school.*
☐ Other	Specify:	

Other Medical Problems/Surgeries/Health Information:

Please contact the school if you wish to talk confidentially to the school nurse about your child's health condition.

MEDICATION: Is your child currently taking any medication? ☐ Yes ☐ No		
Type of medication:	Reason for medication:	When is it given?

***If the medication is to be given at school, a Medication Consent Form is required.*

Wisconsin State Immunization Law requires all schools to have each student's immunization record showing the student has met state immunization requirements on file. It is the parents' responsibility to provide this record or sign an immunization waiver. Parents will be notified if the school does not have a complete record.

☐ I **DO NOT** give permission to share my child's immunization record with the Wisconsin Immunization Registry and my Immunization Provider for the purpose of maintaining a complete and accurate record to assist in assuring full immunization.

☐ I **DO NOT** give permission for the nursing staff to use the Wisconsin Immunization Registry to verify vaccine dates.

7th Grade Students:	Students entering 7th grade need a Tdap (tetanus/pertussis) or Td (tetanus) containing vaccine within 5 years of September 1st of the year they enter 7th grade.	Date: _____
7th Grade Students:	Students entering 7th grade need a Meningitis (MenACWY) vaccine.	Date: _____
12th Grade Students:	Students entering 12th grade need two (2) Meningitis (MenACWY) vaccines. **If the first dose of MenACWY containing vaccine was received at age 16 or older, a 2nd dose is not required.	Date 1: _____ Date 2: _____

This information will be utilized by the school nurse to develop a health plan for your child if necessary. Information regarding your child's health condition will be shared only with staff who need to know to assist your child in school.

Parent/Guardian Signature: _____ Date: _____

Received By: _____ Received Date: _____ Revised 7/2024

Beaver Dam
UNIFIED SCHOOL DISTRICT
Guiding students. Empowering futures.

WISCONSIN HOME LANGUAGE SURVEY

Purpose: The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are beneficial for your child. **Please complete both sides of this form.**
Answers are not used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

Student Last Name		Student First Name		Student Middle Name
Date of Birth	**Grade**	**District**	**District ID**	**School**
		Beaver Dam	0336	

Parent/Guardian Last Name	Parent/Guardian First Name	Relationship
Parent/Guardian Signature		

Parent/Guardian Last Name	Parent/Guardian First Name	Relationship
Parent/Guardian Signature		

Parental Preference for languages used for school communications, phone calls, conferences (may be multiple)

Parent Name	Language Preference for Oral Communication	Language Preference for Written Communication	Do you want an interpreter for Conferences or School Meetings
			☐ Yes ☐ No
			☐ Yes ☐ No

Please complete front and back of this form →

FOR OFFICE USE ONLY
Send completed survey to Betsy Ramsdale at the ESC if answered YES to any questions on back.

Results (circle one) SCREEN DO NOT SCREEN

Languages other than English used by student, if identified:

Home Language Survey Administered By:	Position	Date Administered

SECTION 1

1. Was the first language used by this student English?

   ☐ Yes: Go to Question 2.
   ☐ No: Go to Question 3.

2. When at home, does this student hear or use a language other than English more than half of the time?

   ☐ Yes: Go to Question 4.
   ☐ No: Section 1 is complete. Go to Section 2.

3. When at home, does this student hear or use a language other than English more than half of the time?

   ☐ Yes: Section 1 is complete. Go to Section 2.
   ☐ No: Go to Question 4.

4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?

   ☐ Yes: Section 1 is complete. Go to Section 2.
   ☐ No: Go to Question 5.

5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?

   ☐ Yes: Section 1 is complete. Go to Section 2.
   ☐ No: Go to Question 6.

6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half the time?

   ☐ Yes: Section 1 is complete. Go to Section 2.
   ☐ No: Section 1 is complete. Go to Section 2.

SECTION 2

7. Is this student a Native American, Native Alaskan, or Native Hawaiian?

   ☐ Yes: Go to Question 8.
   ☐ No: Go to Question 9.

8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or other guardian?

   ☐ Yes: Go to Question 9.
   ☐ No: Go to Question 9.

9. Has this student recently moved from another district where they were identified as an English Learner?

   ☐ Yes
   ☐ No

LIVING ARRANGEMENTS

Beaver Dam Unified School District

If you are **not** living in your own apartment or home due to loss of housing or financial reasons, your child may qualify for services under the McKinney-Vento Homeless Assistance Act.

STUDENT NAME: _____

Is this student's home address a temporary living arrangement? ☐ YES ☐ NO

Is this temporary living arrangement due to loss of housing or economic hardship? ☐ YES ☐ NO

Is the student living alone or with someone other than their parent or legal guardian? ☐ YES ☐ NO

If you answered YES to any of the above questions, please complete the remainder of this form.
If you answered NO to all of the above questions, you may STOP here.

_____

Please list only YOUR children (including those you are enrolling) currently living with you and are enrolled in the Beaver Dam Unified School District.

NAME (First, Middle, Last)	GENDER	BIRTHDATE	GRADE	SCHOOL

Where is the student currently living? (Please check one)

- ☐ Doubled up (living with another person or family due to loss of housing or economic hardship).
- ☐ Temporarily living in a motel/hotel.
- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer.
- ☐ Children/youth/unaccompanied youth living without their parent or legal guardian (e.g. with relatives, friends, boyfriend/girlfriend).
- ☐ Unsheltered, living in a car, park ,campground, abandoned building, or other inadequate accommodation.

The undersigned parent/guardian certifies that the information provided above is accurate.
If the information is found to be inaccurate, decisions regarding enrollment and services for McKinney-Vento may be reconsidered.

_____ _____

Print Parent/Guardian Name Signature Date

_____

Phone Number Current Address

The McKinney-Vento Homeless Education Assistance Act and the BDUSD Board of Education Policy ensure educational rights for students who are homeless. If you are eligible for services under the McKinney-Vento Homeless Education Assistance Act a school social worker will contact you regarding these rights & services. You may also call your child's school and ask to speak to one of the school social workers.

FOR OFFICE USE ONLY

Results (CIRCLE) QUALIFIED FIT NOT QUALIFIED TRANSPORTATION WEEKEND FOOD BAG

Certified by: _____ Date: _____

Revised 4/2024