



# EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

## STUDENT ENROLLMENT FORM FOR SUMMER SCHOOL ONLY

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  Multiple Birth Grade: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
City / State / Country / County  
Ethnicity: Hispanic/Latino: (select 1)  Yes  No Race: (select 1 or more that apply to this student)  
 American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  White

### LANGUAGE SURVEY

Student's primary language: \_\_\_\_\_ Language spoken in the home at time of birth (native language): \_\_\_\_\_  
Other than English, current language spoken in home/other environment on a regular basis: \_\_\_\_\_ In the past: \_\_\_\_\_  
 Student is currently receiving "English Language Learner" services  Parent/Guardian requires communication in family language listed above

### FAMILY INFORMATION-HOUSEHOLD #1

Both Parents  Father Only  Mother Only  Father/Stepmother  Mother/Stepfather  Grandparents  Guardian  Other  
Title: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Primary #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
Title: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Family Primary # Above Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Apt/Lot #: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### FAMILY INFORMATION-HOUSEHOLD #2 (If applicable, provide copies of child custody decree directly pertaining to custody arrangements along with the signature page indicating the date of order.)

Both Parents  Father Only  Mother Only  Father/Stepmother  Mother/Stepfather  Grandparents  Guardian  Other  
Title: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Primary #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
Title: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Family Primary # Above Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Apt/Lot #: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### PROOF OF RESIDENCY (One of the following must be submitted with this enrollment form.)

- Lease Agreement with current address, names of people residing at the address, effective date and all parties signatures.
  - Current Utility Bill (within 45 days); gas, electric, cable, or city/village water with name and current address.
  - Home Purchase Agreement or Offer to Purchase with the name of buyer and seller, and current address.
  - Recent correspondence from a governmental entity with the name and current address. (I.E. Tax bill, assessment letter, department of motor vehicles.)
  - Recent correspondence on a wage statement or W2 year-end earnings statement with name and current address.
  - Affidavit of Residency (District Form) if residing with district resident.
- or-  
 Non-Resident of East Troy Community School District If non-resident, what district do you reside in? \_\_\_\_\_

### SCHOOL INFORMATION

Homeschool  Private  Parochial School Name/City: \_\_\_\_\_

### EMERGENCY CONTACTS (Adults other than parent/guardians to pick up your child for medical, emergency release or other reasons.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

### PARENTAL CONSENT FOR EMERGENCY TREATMENT/TRANSPORT

The information provided on this form is accurate and complete to the best of my knowledge and will be shared with appropriate school and/or emergency personnel on a need to know basis. In the event of serious illness or significant injury, my child will be transported to the hospital listed on the health information form or the closest emergency room. Emergency personnel will provide the necessary transportation and needed emergency treatment for my child. Every effort will be made to contact parent/guardian(s) in the event of an emergency. Please notify the school office in writing if permission is not granted for emergency transport and/or treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form with proof of residency via mail to 2040 Beulah Avenue, East Troy, WI 53120 or email to [dralis@eastroy.k12.wi.us](mailto:dralis@eastroy.k12.wi.us).