



School District of Rhinelander Student Registration Form

SCHOOL USE ONLY

School Year _____ School _____

Grade _____

Today's Date _____ Start Date _____

Student Information

Student (Legal Name)				Gender	Date of Birth mm/dd/yyyy	Grade																																										
Last Name	First Name	Middle Name	Suffix	Female Male																																												
Is this student Hispanic/Latino? Yes No Check all that apply: American Indian/Native Alaskan Asian Black or African American Native Hawaiian or Pacific Islander White																																																
Primary Home Language: English Spanish Chinese Hmong Other																																																
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Did this student receive special programming?</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td style="width: 30%;">Does this student have a current IEP in place?</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td style="padding-left: 20px;">Autism</td> <td></td> <td></td> <td style="padding-left: 20px;">Remedial Assistance</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Emotional/Behavioral Disability</td> <td></td> <td></td> <td style="padding-left: 20px;">Speech/Language Disability</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Intellectual Disability</td> <td></td> <td></td> <td style="padding-left: 20px;">504</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Gifted Education</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Learning Disability</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Other</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							Did this student receive special programming?	Yes	No	Does this student have a current IEP in place?	Yes	No	Autism			Remedial Assistance			Emotional/Behavioral Disability			Speech/Language Disability			Intellectual Disability			504			Gifted Education						Learning Disability						Other					
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Has this child ever attended the School District of Rhinelander in the past? Yes No If yes, last SDR school attended _____ Date Withdrawn _____																																																
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Is this student attending the School District of Rhinelander under Open Enrollment: Yes No If yes, Name of Resident District: _____																																																
Has this child ever been expelled? Yes No If yes, from what school and district: _____ Date: _____																																																
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Student Last Name:		Student First Name:			Grade:	
Student's Household Information (where student lives and with whom)						
Parent/Guardian:		Parent	Legal Guardian	Foster	Step Parent	Other
Cell Phone #:	Allow Text messages from District?	Yes	No	Employer:	Work Phone #:	
Parent/Guardian:		Parent	Legal Guardian	Foster	Step Parent	Other
Cell Phone #:	Allow Text messages from District?	Yes	No	Employer:	Work Phone #:	
Email Address		Email Address:				
Home Phone:	County:				Township:	
Street Address:	City:				State:	Zip:
Mailing Address: (if different)		City				
Is this address a temporary living arrangement:	Yes	No				
List all children living at this residence.						
Name:	Ethnicity:	Gender:	Date of Birth:	School Attending:	Grade:	
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Household Emergency Contact Information (Additional adults living in this household other than parent.)						
Name	Relationship to Student:		Cell Phone:		Work Phone	
Name:	Relationship to Student		Cell Phone:		Work Phone:	
Student's Second Household Information (where student lives and with whom - if applicable)						
Parent/Guardian:		Parent	Legal Guardian	Foster	Step Parent	Other
Cell Phone #:	Allow Text messages from District?	Yes	No	Employer:	Work Phone #:	
Parent/Guardian:		Parent	Legal Guardian	Foster	Step Parent	Other
Cell Phone #:	Allow Text messages from District?	Yes	No	Employer:	Work Phone #:	
Email Address		Email Address:				
Home Phone:	County:				Township:	
Street Address:	City:				State:	Zip:
Mailing Address: (if different)		City				
Is this address a temporary living arrangement:	Yes	No				
List all children living at this residence.						
Name:	Ethnicity:	Gender:	Date of Birth:	School Attending:	Grade:	
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Household Emergency Contact Information (Additional adults living in this household other than parent.)						
Name	Relationship to Student:		Cell Phone:		Work Phone	
Name:	Relationship to Student		Cell Phone:		Work Phone:	

Student Last Name:	Student First Name:	Grade:
Emergency Contact Information (If Parent/Guardian cannot be reached – NON-HOUSEHOLD MEMBERS)		
Emergency Contact Information (Adults NOT living in a household with the student)		
Name:	Relationship to Student:	
Cell Phone:	Home Phone:	Work Phone:
Name:	Relationship to Student:	
Cell Phone:	Home Phone:	Work Phone:
Name:	Relationship to Student:	
Cell Phone:	Home Phone:	Work Phone:
Name:	Relationship to Student:	
Cell Phone:	Home Phone:	Work Phone:
Medical/Health Information		
The health, safety and wellness of your child is our priority. Please complete the health information check list below.		
Serious Medical Conditions(Check all that apply)		
Asthma	Allergy	Diabetes
Epilepsy/Seizure Disorder (Date of last seizure)		Other Health Condition
or any medical history that staff should be aware of in the event of an emergency.		
Will your child need to take medication during school hours: Yes* No		
*If yes, a completed Prescription or Non-Prescription authorization form(s) is required of all medications.		
Medication (indicate whether home or school use, including inhalers, insulin or EpiPen):		Allergies (**food, insect bite/sting, latex other):
** If your child has a food (allergy, sensitivity) that requires a special diet, a special dietary restrictions form must be completed and signed by a licensed physician.**		
Doctor:	Phone:	Dentist: Phone:
Clinic Name:	City:	
All Immunizations must be provided with 30 days of enrollment.		
If emergency treatment is required and the parent(s) cannot be reached immediately, may the school authorities use their own judgment to call the doctor/dentist listed or an alternative doctor/dentist? Yes No		
If not, please indicate how you want the situation handled:		
I agree that the information provided herein is complete and accurate. I understand that this information is being used by the school district for the purposes of registering my child. I understand that incomplete or inaccurate information may delay, prevent or invalidate my child's registration in school. I understand that the health information contained on this form will be kept confidential, but may be made available by the school nurse to school staff to ensure the health and safety of this student. I agree to promptly inform the school district of any changes in this information, including any changes in the residency of my child.		
_____ Parent/Guardian Name (Please print)		_____ Signature of Parent/Guardian
		_____ Date

Student Last Name:	Student First Name:	Grade:
Office Use Only		
Student Birth Certificate Verification		
Date of Birth:	Sex:	Female Male
Student's Last Name:		
Student's First Name:		
Student's Middle Name:		
Birth Township/City:	County:	State: Zip: Country:
Birth Mother's Name:		
Birth Father's Name:		
Original or certified birth certificate checked by staff:		
Name (Printed):	Signature:	Date:
Central Enrollment:	<input type="checkbox"/> Census <input type="checkbox"/> Household <input type="checkbox"/> Relationships <input type="checkbox"/> AUF <input type="checkbox"/> Network Account <input type="checkbox"/> IC User Account <input type="checkbox"/> IC Food Account <input type="checkbox"/> DPI Ed-Fi	
Request for Records: Date Faxed: _____ Bussing Form: Date Faxed: _____		
Building Use:	<input type="checkbox"/> Fees <input type="checkbox"/> Schedule <input type="checkbox"/> Student Insurance <input type="checkbox"/> Locker <input type="checkbox"/> Immunizations <input type="checkbox"/> Emergency Contacts <input type="checkbox"/> Parent Portal/GUID <input type="checkbox"/> Food Service (Allergy) <input type="checkbox"/> Military Form <input type="checkbox"/> Handbook <input type="checkbox"/> Athletics <input type="checkbox"/> Transcript <input type="checkbox"/> Student Services	
Pupil Service:	<input type="checkbox"/> SPED Personnel <input type="checkbox"/> Social Worker	
Health Services:	<input type="checkbox"/> Follow up with parent/guardian	