



Green Bay Area Public School District

Return this to any Green Bay School or to the Central Registration Office, 200 S. Broadway, Green Bay, WI 54303.

School: _____
Student ID: _____
Grade: _____ 4K: <input type="checkbox"/> AM <input type="checkbox"/> PM
Start Date: ____/____/____

STUDENT

Student's Full Legal Name: _____
(As listed on Birth Certificate) Last Name First Name Full Middle Name

Date of Birth: ____/____/____ Gender: Male / Female Date first entered
 Mo Day Year (circle one) U.S. schools: ____/____/____

Place of Birth: _____
 (City, State) (Country)

Ethnicity: (please select one) Hispanic/Latino Non-Hispanic/Latino

Race: (select all that apply) American Indian/Alaska Native Asian White
 (must select at least one) Native Hawaiian /Other Pacific Islander Black/African American

Language(s) Spoken in the Home Language(s) Student First Spoke Language(s) Student Currently Speaks

HOME

Student's Home Information:

Student's Home Address: _____ Apt or Lot # _____ Primary Phone: (____) _____

City _____ State _____ Zip _____ Date you moved to this address: ____/____/____

Student lives with (circle one): Mother Father Both Parents Other: _____

➤ **Is there a custody order that affects this child?** Yes No **If yes, please attach most recent copy to this form.**

➤ If eligible for transportation, will you be using these services? Yes No
Transportation is not provided for School Choice Students unless required by law.

PARENT/GUARDIAN PRIMARY HOUSEHOLD

Name: _____ Relationship to Student: _____ Legal Guardian? Yes No

Address (if different than students): _____ Parent date of birth: ____/____/____

City, State, Zip: _____

Do you have access to the internet? Yes No E-mail: _____

Employer: _____ Highest level of education completed: _____

Phone numbers: Cell (____) _____ Other (____) _____ Work (____) _____

Race/ Ethnicity: American Indian/Alaska Native Native Hawaiian /Other Pacific Islander
 (select all that apply) Asian White Black/African American Hispanic/Latino

Preferred Language: (select all that apply) English Spanish Hmong Somali Other _____

Preferred Oral Communication Language: (select one) English Spanish Hmong Somali Other _____

Fee Billing Statement: (select preference) Electronic Copy Paper Copy

PARENT/GUARDIAN SECONDARY HOUSEHOLD

Name: _____ Relationship to Student: _____ Legal Guardian? Yes No

Address (if different than students): _____ Parent date of birth: ____/____/____

City, State, Zip: _____

Do you have access to the internet? Yes No E-mail: _____

Employer: _____ Highest level of education completed: _____

Phone numbers: Cell (____) _____ Other (____) _____ Work (____) _____

Race/ Ethnicity: American Indian/Alaska Native Native Hawaiian /Other Pacific Islander
 (select all that apply) Asian White Black/African American Hispanic/Latino

Preferred Language: (select all that apply) English Spanish Hmong Somali Other _____

Preferred Oral Communication Language: (select one) English Spanish Hmong Somali Other _____

Fee Billing Statement: (select preference) Electronic Copy Paper Copy

Student: _____

PRIMARY HOUSEHOLD

List other members of your **primary** household also living at this address:

Name	Date of Birth	Relationship to Student	School Attending <i>(if applicable)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY

Emergency Contacts: (someone who is able to pick up your child in your absence- must be at least 18 yrs. old)

Full Legal Name	Phone #/ Phone Type	Relationship to Student
_____	_____	_____
_____	_____	_____

LAST SCHOOL

Last school (or district) this student attended: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Has this student ever received ESL services? Yes No If yes, from which school: _____

Does this student currently receive Special Education Services? Yes No

If yes, what program: _____

Has this student ever been expelled from school? Yes No If yes, year and school: _____

MEDICAL

Medical Conditions / Allergies / Concerns: _____

Does this student take medication? Yes No *If yes, list: _____

Physician Name: _____ Address: _____ Ph#: _____

**If medications are to be given at school, please complete the "Physician Authorization of Medication" and "Parent Medication Release" forms.*

**If this student has food allergies, please complete the "Diet Modification" form.*

WORK

If you have recently moved to the Green Bay area for employment, you may qualify for some additional services. Have you recently moved to the area for employment? Yes No

Is the work temporary or seasonal? Yes No

As parent/legal guardian of this student, I verify that all the information on this form is true to the best of my knowledge. I may also be required to provide proof of residency, legal birth document and immunization record.

Parent/Legal Guardian Signature: _____ **Date:** _____

For Office Use Only:

Verified Address: **Yes/ No** Document used: _____ Verified by (Initials): _____

Birth Certificate Verification: **Yes/ No** Document #: _____ Verified by (Initials): _____

Does student live within the GBAPS boundaries: **Yes/ No** Attendance Area School _____

Immunization record received: **Yes/ No** Additional Head Start application completed: **Yes/ No**

Has this student ever been enrolled in the GBAPS prior to this enrollment? Yes No Completion Date: _____