



Green Bay Area Public School District

Return this to any Green Bay School or to the Welcome Center,
232 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 & at least one must be selected) American Indian/Alaska Native Asian White
 Native Hawaiian /Other Pacific Islander Black/African American

HOME

Student's Home Information:

Student's Home Address: _____ Apt or Lot # _____ Primary Phone: (____) _____
 _____ Date you moved to this address: ____/____/____
 City State Zip

Student lives with: Both Parents Mother Father Out of Home Placement Other: _____

➤ **Are there any legal documents that affect educational decision-making for this student, such as: Judgment of Divorce, Judgment of Paternity, Custody Order, Letters of Guardianship, Dispositional Order, etc.?** 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 (____) _____

Do you wish to receive District/School Communications, including emergency and inclement weather notifications, by text message?
 Yes No

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

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 (____) _____

Do you wish to receive District/School Communications, including emergency and inclement weather notifications, by text message?
 Yes No

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

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**

HLS: **Attached/in IC** Previously enrolled in GBAPS: **Yes/ No** Completion Date: _____

The Wisconsin HLS Form

Purpose

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in schools. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be 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 First Name: _____ Student Middle Initial: _____

Student Last Name: _____ DOB: ___/___/___

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: HLS 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: Record other language(s). HLS 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 the time?

Yes: Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 5.

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

Yes: Record other language(s). HLS 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: Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 7.

7. Is this student 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 guardian?

Yes: Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 9.

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

Yes: Name of district where identified:

HLS is complete. Go to Section 2.

No: HLS is complete. Go to Section 2.

Section 2

Language(s) other than English used by the student:

Parental preference for languages used for school communications (may be multiple):	
Parent/Guardian Name:	
Oral:	Written:
Parent/Guardian Name:	
Oral:	Written:

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

HLS verified by (name & position): _____

Date of administration: ____/____/____

**PERMISSION TO RETAIN PUPIL RECORDS
AND NOTIFICATION OF PUPIL RECORD DESTRUCTION**

(Please complete one form for each child in your family.

For questions, please call the District’s Legal Department at 448-2039)



Student Name	Student ID No.

Wisconsin state law governs student records, their confidentiality, and their maintenance and destruction. Wis. Stat. § 118.125(3) requires that certain records be destroyed one year after a student ceases to be enrolled in a school, unless permission is granted in writing to maintain them for a longer period of time.

The records that are required to be destroyed include psychological tests, personality evaluations, records of conversations, any written statement relating specifically to an individual pupil's behavior, tests relating specifically to achievement or measurement of ability, the pupil's physical health records other than his or her immunization records or any lead screening records, law enforcement officers' records obtained under s.

48.396(1) or 938.396(1)(b)2. or (c)3., and any other pupil records that are not progress records.

Example of some of these records could include standardized test results such as ACT test scores or special education records such as IEPs.

Please note that if a student leaves the Green Bay Area Public School District (GBAPSD) and the new school requests his or her records, all the records will be provided to the new school as the law requires, even if this form is in the student’s cumulative records. Nevertheless, it is highly recommended that the “Permission to Retain Behavior Records” is on file with GBAPSD for each student. This will ensure that any of these records will be kept for up to five years after the student leaves GBAPSD and will be available in case the student returns to GBAPSD. If this form is not on file, these records will be destroyed one year after the student leaves GBAPSD. Keeping the records on file for more than one year will help school staff provide necessary services to a student if he or she returns to GBAPSD more than a year later. Keeping these records may also assist you or your child in the future should you need the records for other purposes such as for future care, support, social security benefits, insurance coverage, or other benefits for post-secondary purposes.

In addition, records such as email communications between District staff members regarding your child could constitute a pupil record. The District retains these record for 7 years after the creation of the email pursuant to the adopted record retention schedule.

Parents/guardians or adult students who choose to maintain these records as described above must give their written permission to the Green Bay Area Public School District. You also have the right to request that the District destroy certain personally identifiable information (“PII”) in your child’s education records when it is no longer needed to provide educational services to your child. In addition, you have a right to request a copy of your child’s pupil records prior to their destruction. Please note that no further notice will be provided to you at the end of the 5 or 7 years prior to the destructions of the records.

I, the undersigned, hereby request and authorize the Green Bay Area Public School District to retain the described records for up to five years after ceasing to be enrolled in the District and email records for up to 7 years from the date of the email.

Signature of parent/guardian or adult student
Print Name: _____

Date

Please return this form to your child’s school or to the District’s Central Registration.



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MILITARY CONNECTIONS

Student's Name: _____
Last Name First Name Full Middle Name

Student's Date of Birth: ____ / ____ / ____
Mo Day Year

Parent/Guardian Information

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

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

Please select one answer per question

Parent/Guardian 1: _____

1. Is either parent or guardian on active duty in the military? Yes No
2. Is either parent or guardian a traditional member of the Guard or Reserve? Yes No
3. Is either parent or guardian a member of the Active Guard/Reserve (AGR) _____ under Title10 or full time National Guard under Title 32? Yes No

If you answered **yes** to any of the questions above, please check the box below that applies:

- Active Duty, Deployed
- Active Duty, Not Deployed
- Discharged
- Inactive
- Killed in Action
- Retired
- Student Military Identifier Only
- Transitioning Out of Active Duty

Parent/Guardian 2: _____

1. Is either parent or guardian on active duty in the military? Yes No
2. Is either parent or guardian a traditional member of the Guard or Reserve? Yes No
3. Is either parent or guardian a member of the Active Guard/Reserve (AGR) _____ under Title10 or full time National Guard under Title 32? Yes No

If you answered **yes** to any of the questions above, please check the box below that applies:

- Active Duty, Deployed
- Active Duty, Not Deployed
- Discharged
- Inactive
- Killed in Action
- Retired
- Student Military Identifier Only
- Transitioning Out of Active Duty

Parent/Legal Guardian Signature: _____ Date: _____

Green Bay Area Public Schools

VOLUNTARY SURVEY TO BE COMPLETED DURING ENROLLMENT

Please answer the questions below about your living situation. The purpose of this confidential information is to ensure the rights of students under the McKinney Vento law.

Do you or your family live in any of these situations? Check all that apply.

	YES	NO
Is a friend or relative sharing their home or apartment with you? • If YES , please list the address: _____		
Do you live in a hotel, motel or campground because you have no other place to live?		
Are you staying in a shelter?		
Do you live out of your car or are you currently without shelter?		
Is your housing situation temporary?		
Is your child in temporary foster care?		

If you checked yes to any box above, please complete the rest of this form and turn it in now. If you checked no to all of the boxes above, you do not need to complete or turn in this form.

Please list all children currently living with you, even if they are not in school.

First	Middle	Last	M/F	Birthdate	Grade	School Name

Parent/Guardian name: _____ Date: _____

Parent/Guardian phone number: _____

The McKinney Vento Homeless Education Assistance Act and the Green Bay Area Public Schools Homeless Education Program ensure the educational rights of students who are homeless.

School secretary or Registrar: If any of the above confidential questions are marked "YES," please forward this form to the MKV Program Coordinator at DOB or your building social worker.