



Green Bay Area  
Public School District

# 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:  AM  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: (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date you moved to this address: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

➤ Is there a legal 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

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

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

PRIMARY HOUSEHOLD

Student: \_\_\_\_\_

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

Name	Date of Birth	Relationship to Student	School Attending (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

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Student First Name: \_\_\_\_\_ Student Middle Initial: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

## Section 1

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**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.***



# 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

## 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 Title 10 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 Title 10 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: \_\_\_\_\_

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
<b>Is a friend or relative sharing their home or apartment with you?</b> • 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.*