

Date starting: _____
 Grade _____

2016-17 Tomahawk Elementary School
Student Enrollment Forms
 (Please print and use ink)

Student's Full Legal Name _____
 Last First Middle (Full)

Gender M F Birth date ____/____/____

City & State of Birth _____ **County of Birth** _____

Student's Address _____ **Apt #** _____ **City** _____ **State** _____ **Zip** _____

(Circle applicable) **County child lives in:** Oneida Lincoln

Township child lives in: City of Tomahawk Nokomis Bradley Other _____

Home Phone _____ **Cell Phone** _____

Ethnicity: Is your child Hispanic/Latino? Yes No

Race: (Please circle all that apply) Asian White Black or African American American Indian or Alaskan Native
 Native Hawaiian or other Pacific Islander American Indian

Student Living With: (Check one)

____ Both Parents ____ Mother Only ____ Father Only ____ Grandparent ____ Guardian ____ Mother/Stepfather
 ____ Father/Stepmother ____ Stepfather/Stepmother ____ Self Other _____

Parent/Guardian living in same household as student

Legal Name _____
 Last First
Relationship to Student _____
Work Phone _____ **Cell Phone** _____
Email _____

Legal Name _____
 Last First
Relationship to Student _____
Work Phone _____ **Cell Phone** _____
Email _____

Parent/Guardian living at an address different from student

Legal Name _____
 Last First
Relationship to Student _____
Address _____

Work Phone _____ **Cell Phone** _____
Email _____

Legal Name _____
 Last First
Relationship to Student _____
Address _____

Work Phone _____ **Cell Phone** _____
Email _____

Does this parent/guardian have joint custody? ____ Yes ____ No
Should this parent/guardian receive school information? ____ Yes ____ No

Does this parent/guardian have joint custody? ____ Yes ____ No
Should this parent/guardian receive school information? ____ Yes ____ No

Other children under age 18 living in the home

First & Last Name _____ Birth Date _____ First & Last Name _____ Birth Date _____
 First & Last Name _____ Birth Date _____ First & Last Name _____ Birth Date _____

PLEASE FILL OUT OTHER SIDE

Name _____

Revised 1/7/15

Special Services Information

Is your child receiving special education services? Yes No
Please circle specific disability LD (Learning Disability) SL (Speech and Language) CD (Cognitive Disability)
 ED (Emotional Disturbance)
Does your child have a current IEP? Yes No Please list areas _____
Does your child have a current 504 Plan? Yes No If yes, what area? Academics Health
Has your child received Gifted/Talented Services? Yes No Please list areas _____

Previous school information (if student is new to the school system)

Last School Attended _____ City, State Zip _____
 Grade _____ School Year _____

**Emergency contact information (other than parent or guardian)
 Must be at least 21 years of age**

Name _____ Relationship to Student _____
 Address _____ Work Phone _____ Cell Phone _____
 Name _____ Relationship to Student _____
 Address _____ Work Phone _____ Cell Phone _____

Miscellaneous Permissions and Authorizations

The Elementary School newsletter is published once a month during the school year. It is published on the Tomahawk School District Web site. If you are not able to download or read the newsletter online we will send a hard copy home with your child. **Do you want a hard copy of the newsletter?**

Yes No

In case of an emergency and in the event that no one can be reached at the phone numbers listed for my child, I authorize school officials to administer necessary emergency treatment, call the physician listed, and/or call 911 for emergency transportation of my child. I will not hold the school district financially responsible for the emergency care and or transport of my child.

I verify that all information provided on this form was supplied by me and is accurate.

Parent/Guardian Signature _____
 Date _____

PLEASE FILL OUT OTHER SIDE