Building Representative to fill out: First Date of School:	Student En	ct of Tomahawk rollment Forms <, or complete electronically)	Building Representative to fill out: School: TES TMS THS THS (initials)	
Student's Full <u>LEGAL</u> Name:		First	Middle (Full)	
Birth Date:/ Gende				
Birth City: Birth State: Birth County:				
Race: American Indian or Alaskan Native>Tribal Affiliation= Black or African American				
🗆 White 🔷 Asian 🔅 Native Hawaiian or Other Pacific Islander 🛛 Ethnicity: Is your child Hispanic/Latino? 🗆 Yes 🗆 No				
Do parents or guardians need translation services? Yes No If yes, for what language?				
	Previous Schoo	l Information		
Last School Attended:		City, State, Zip:		
Grade:School Year:				
Parents/Guardians Living in SAME Household as Student				
Student Living With: (Check one) Both Parents Mother Only Father Only Grandparent Mother/Stepfather Father/Stepmother Stepfather/Stepmother Other Other				
		Guardian Name:		
Last, First Relationship to Student:		Relationship to Student:		
Primary Phone:		Primary Phone:		
Cell Phone:		Work Phone:		
Work Phone: Home Email:		Home Email:		
Student's Primary Physical Address:				
County: □ Oneida □ Lincoln Township: □ City of Tomahawk □ Nokomis □ Bradley □ King □ Town of Tomahawk □ Harrison □ Birch □ Skanawan □ Rock Falls □ Wilson □ Other				
Student's Mailing Address (if different):				
Student's Cell Phone Number:				
Parents/	Guardians Living in DI	FFERENT Household from S	Student	
Guardian Name:		Guardian Name:		
Last, First				
Relationship to Student:				
Primary Phone:				
Cell Phone:		Cell Phone:		
Work Phone:		Work Phone:		
Home Email:		Home Email:		
Physical Address: Mailing Address (if different):		Apt # City, State, Zip:		
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

Revised:10/2/2023

Student Name ______

Local Emergency Contact Information (other than parent or guardian)					
	Must be at least 21 years of age				
Name:	Name:	Last, First			
Address: Relationship to Student:		hin to Student:			
Primary Phone:Cell Pho	ne [·] Primary P				
Work Phone:		ne:ech i none:			
Special Services Information					
Does your child have a current IEP ? Ye					
Does your child have a current 504 Plan?		Academics Health			
Is your child receiving special education se					
What specific disabilities has your child be					
	□ TBI (Traumatic Brain Injury)	VL (Vision Impairment)			
□ SL (Speech and Language)		EBD (Emotional Behavioral Disability)			
□ CD (Cognitive Disability)		SDD (Significant Developmental Delay)			
□ ED (Emotional Disturbance)					
ID (Intellectual Disability)	OI (Orthopedic Impairment)				
Has your child received Gifted/Talented Se	ervices? Yes No If yes, ple	ase list areas:			
	Language and Military Infor	mation			
1. Was the first language used by this stud	ent English? 🗆 Yes 🗆 No				
2. When at home, does this student hear of	or use a language <u>other than Engli</u>	<u>sh</u> more than half of the time? 🗆 Yes 🔲 No			
3. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of					
the time? 🗆 Yes 🗆 No					
		oes this student hear or use a language <u>other than</u>			
English more than half of the time? Yes No					
5. 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 of the time? Yes No					
6. Is this student a Native American, Native Alaskan, or Native Hawaiian? Yes No					
7. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian? Yes No					
8. Has this student recently moved from another school district where they were identified as an English Learner? Yes No					
Military Information					
Is either parent/guardian on active duty in the military? Yes No Is either parent/guardian a traditional member of the Guard or Reserve? Yes No					
Is either parent/guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full-time National Guard under Title 32?					
□ Yes □ No					
	Parent/Guardian Authoria	zation			
	cy treatment, call the physician list	ohone numbers listed for my student, I authorize school ed, and/or call 911 for emergency transportation of my ncy care and/or transport of my student.			

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

Parent/Guardian Signature and Date:_____