



**EAU CLAIRE**  
AREA SCHOOL DISTRICT

500 MAIN STREET  
EAU CLAIRE, WI 54701

# ENROLLMENT FORM

Phone - 715-852-3000  
Fax - 715-852-3004  
Web - www.ecasd.k12.wi.us

Census Path: \_\_\_\_\_

STUDENT INFORMATION				Student ID	Teacher	Grade	School
Legal Name - First		Middle	Last		Birthdate - Mo/Day/Year		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Apartment/Lot#	Street Address			City	State	Zip	
Home Phone <small>Unlisted? <input type="checkbox"/></small>	Birthplace - City, State, County			Birthplace - Country <small>Arrival date, if not US</small>	Student's Ethnic Origin - Check ONE <input type="checkbox"/> Am. Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White		
Resident of Eau Claire District? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If no, what District does the student reside in?</small>		Preferred Area Hospital Sacred Heart <input type="checkbox"/> Luther <input type="checkbox"/> St Joseph's <input type="checkbox"/>		Does your child speak a language OTHER than English Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, please complete a "Home Language Survey".</small>			
Does this child have a chronic illness and/or disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Asthma Yes <input type="checkbox"/> No <input type="checkbox"/> Seizures (epilepsy) Yes <input type="checkbox"/> No <input type="checkbox"/> Cardiac condition Yes <input type="checkbox"/> No <input type="checkbox"/> Life threatening allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, to what _____ Other - _____				Does this child take any medications? Yes <input type="checkbox"/> No <input type="checkbox"/> Will this child require medications during the day? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, please complete a "Medication Consent Form".</small>			

FAMILY Info - Student Residence #1					
Relationship <input type="checkbox"/> Mom <input type="checkbox"/> Dad Step Mom <input type="checkbox"/> Step Dad <input type="checkbox"/> Foster Mom <input type="checkbox"/> Foster Dad <input type="checkbox"/> <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	First Name	MI	Last Name	Place of Employment	Work phone
				E-Mail Address	Cell phone
<input type="checkbox"/> Mom <input type="checkbox"/> Dad Step Mom <input type="checkbox"/> Step Dad <input type="checkbox"/> Foster Mom <input type="checkbox"/> Foster Dad <input type="checkbox"/> <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	First Name	MI	Last Name	Place of Employment	Work phone
				E-Mail Address	Cell phone

FAMILY Info - Student Residence #2 (if applicable)					
Relationship <input type="checkbox"/> Mom <input type="checkbox"/> Dad Step Mom <input type="checkbox"/> Step Dad <input type="checkbox"/> Foster Mom <input type="checkbox"/> Foster Dad <input type="checkbox"/> <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	First Name	MI	Last Name	Place of Employment	Work phone
				E-Mail Address	Cell phone
<input type="checkbox"/> Mom <input type="checkbox"/> Dad Step Mom <input type="checkbox"/> Step Dad <input type="checkbox"/> Foster Mom <input type="checkbox"/> Foster Dad <input type="checkbox"/> <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	First Name	MI	Last Name	Place of Employment	Work phone
				E-Mail Address	Cell phone
Address			City	State	Zip
Home Phone					

\*School Districts "must give full rights with regard to pupil records to either parent, unless there is a court order or other legally binding document relating to divorce, separation or custody that specifically revokes these rights." (Students Records and Confidentiality bulletin, WI DPI August 2006).  
**For school personnel only -  Custodial parent documentation has been collected and is on file.**

PREVIOUS SCHOOL ATTENDED		
School Name	Address	Last grade level student attended at previous school
Did this child receive Special Ed services at previous school? Yes <input type="checkbox"/> No <input type="checkbox"/>		

LOCAL EMERGENCY CONTACT INFORMATION			
Be sure contact person knows his/her responsibility, these people would be called only if legal parents are not able to be reached.			
1.	Aunt <input type="checkbox"/> Friend <input type="checkbox"/> Sibling <input type="checkbox"/>	Uncle <input type="checkbox"/> Neighbor <input type="checkbox"/> Cousin <input type="checkbox"/>	Grandparent <input type="checkbox"/> Boy/Girl friend <input type="checkbox"/> Other <input type="checkbox"/>
			Home Phone Work Phone Cell Phone
2.	Aunt <input type="checkbox"/> Friend <input type="checkbox"/> Sibling <input type="checkbox"/>	Uncle <input type="checkbox"/> Neighbor <input type="checkbox"/> Cousin <input type="checkbox"/>	Grandparent <input type="checkbox"/> Boy/Girl friend <input type="checkbox"/> Other <input type="checkbox"/>
			Home Phone Work Phone Cell Phone
3.	Aunt <input type="checkbox"/> Friend <input type="checkbox"/> Sibling <input type="checkbox"/>	Uncle <input type="checkbox"/> Neighbor <input type="checkbox"/> Cousin <input type="checkbox"/>	Grandparent <input type="checkbox"/> Boy/Girl friend <input type="checkbox"/> Other <input type="checkbox"/>
			Home Phone Work Phone Cell Phone

STUDENT'S SIBLINGS					
Please list ALL siblings who are currently living at primary residence (Residence #1)					
First Name	Middle	Last	Gender	Birth Date	Ethnicity

**CHILD FIND - PRESCHOOL CHILDREN:** If you have concerns regarding ANY PRESCHOOL child in your home with regards to their functioning in any of the following areas, please check, and list their name(s):

Speech     Hearing     Vision     Learning     Behavior     Walking     No Concerns

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to exercise reasonable judgment with reference to transporting the student to the hospital listed in the "Student Information" section on page one.

PARENT/GUARDIAN/ADULT STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

---FOR---SCHOOL---PERSONNEL---USE---ONLY---BELOW---HERE---

CHILD ID RCV'D?	BIRTH CERT <input type="checkbox"/>	EC4T SITE USE ONLY	EC4T SITE	START DATE	IMMUNIZATIONS
	HOSPITAL CERT <input type="checkbox"/>				Rec'd & attached <input type="checkbox"/>
	WI IMMUNIZATION REGISTRY <input type="checkbox"/>				Requested <input type="checkbox"/>
	OTHER - list <input type="checkbox"/>				

CHILD ID VERIFIED BY - (Name and title) \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL USE ONLY	School	Authorized By	Start Date	Records Requested	Records Received	Immunizations	Health Code	Student ID
	SIF Card <input type="checkbox"/>	Internet Consent Form <input type="checkbox"/>	Health Form <input type="checkbox"/>	Critical Health Form <input type="checkbox"/>	Medical Consent Form <input type="checkbox"/>	Student Email Added <input type="checkbox"/>	Student Access Activated <input type="checkbox"/>	Family Access Activated <input type="checkbox"/>
	Custodial Parent Form <input type="checkbox"/>	Home Language Survey <input type="checkbox"/>						