SCHOOL DISTRICT OF GREENFIELD
Learning • Growing • Succeeding

4850 South 60th Street ■ Greenfield, Wisconsin 53220 ■ Phone: 414-855-2050 ■ Fax: 414-855-2051

Enrollment Checklist

Please return this sheet with all forms when registering

Student Name: _____

_____ Proof of residency
Own: *tax bill (if just buying, closing statement [address/signature page])*
Rent: *lease (MUST have landlord's name, signature, address, phone number)*

_____ WE Energies bill within the last 30 days

_____ Child's Birth Certificate (*original certificate for verification)*

_____ Student Registration and Information Forms (1 for **each** student)

- ☐ Student Enrollment Form
- ☐ Annual Student Health Update
- ☐ Child Development Review (4K/5K students only)
- ☐ Residency Information Form
- ☐ Student Immunization Record
- ☐ Home Language Survey

_____ Custody Documentation (if applicable)

_____ Transportation Information

4K ONLY BELOW

4K Selection – Full Day (8:45 am – 3:26 pm), Half Day (8:45 am – 11:21 am) (Please Note: Families opting for half-day programming will be responsible for transportation home).

(Please mark your selection below)

_____ FULL DAY _____ AM HALF DAY

FAMILY CENSUS INFORMATION

Please provide the information as clear as possible.
Main household is where the child resides

PRIMARY HOUSEHOLD CONTACT INFORMATION (PLEASE PRINT)		
Guardian Last Name #1 **Relationship to Student**	**Guardian First Name #1:**	**Email Address:**
Employer Name	**Cell Phone:**	**Work Phone**
Guardian Last Name #2: **Relationship to Student**	**Guardian First Name#2:**	**Email Address:**
Employer Name	**Cell Phone:**	**Work Phone**

MAIN HOUSEHOLD ADDRESS INFORMATION (PLEASE PRINT)

MAIN HOUSEHOLD ADDRESS: _____ _____
Street Address City State Zip

Household Phone Number: _____

Is there a Secondary Household? **Yes** **No** ***If Yes provide below:**

☐ Check this box with "X" if legal restrictions are in effect for this student.
(A copy of the court order must be provided to the Principal.)

SECONDARY RESIDENCY PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

Parent/Guardian Name: _____

Relationship to Student: _____

Cell Phone: _____ Work: _____

Parent/Guardian/Other Name: _____

Relationship to Student: _____

Cell Phone: _____ Work: _____

Address: _____

_____

Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

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STUDENT ENROLLMENT

Please complete for EACH student.

STUDENT INFORMATION (PLEASE PRINT)

Last	First	Middle	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade	Has student previously been enrolled at Greenfield Schools?	Does student have an Individualized Education Plan (IEP)
						☐ Yes ☐ No	☐ Yes ☐ No

Ethnicity/Race (Please complete BOTH questions)

1. Is the student Hispanic/Latino ☐ Yes ☐ No
2. Is the student one or more of these races? (check all that apply)
   - ☐ White
   - ☐ Black/African American
   - ☐ Asian
   - ☐ Native Hawaiian/Pacific Islander
   - ☐ Native American/Alaskan Native

Student lives with: (check one)

- ☐ Both Parents
- ☐ Mother
- ☐ Father
- ☐ Foster Parent
- ☐ Legal Guardian
- ☐ Other _____.

School name student last attended:

School Name: _____

_____
City State

Has your child ever been expelled?

Yes No Date: _____

OFFICE USE ONLY:

Entrance Date: _____

Grade level: _____

Birth Certif. Verified: _____

District Resident: Yes No

Proof of Residency: _____

Open Enroll: _____ Res Verification: ____

EMERGENCY CONTACT INFORMATION List 3 local relatives or friends to use for contacts

Last Name	First Name	Relationship to child	Home Phone	Cell/Work Phone
Last Name	First Name	Relationship to child	Home Phone	Cell/Work Phone
Last Name	First Name	Relationship to child	Home Phone	Cell/Work Phone

LIST ALL CHILDREN (Age 18 and under) RESIDING IN THE PRIMARY HOUSEHOLD): complete ALL Information (PLEASE PRINT)

Last Name	First Name	Middle Name	Relationship	Gender (M/F)	Date of Birth (mm/dd/yyyyy)	Grade	School

Parent/Guardian Signature: _____ Date: _____

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STUDENT HEALTH INFORMATION

STUDENT INFORMATION (PLEASE PRINT)

Last	First	Middle	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade	Does child wear glasses and/or contacts>
						☐ Yes ☐ No

MAIN HOUSEHOLD (WHERE STUDENT RESIDES) CONTACT INFORMATION (PLEASE PRINT)

Home Phone: _____ **Student Lives with:** _____

Parent/Guardian Name: _____ **Relationship to Student:** _____ **Cell Phone:** _____

Employer Name: _____ **Hours:** _____ **Work Phone:** _____

Parent/Guardian/Other Name: _____ **Relationship to Student:** _____ **Cell Phone:** _____

Employer Name: _____ **Hours:** _____ **Work Phone:** _____

HEALTH INFORMATION

Please check the appropriate box.

- ☐ No health Problems
- ☐ Asthma
- ☐ Attention Deficit Disorder (ADD, ADHD)
- ☐ Bleeding Disorder
- ☐ Diabetes
- ☐ Seizure/Epilepsy (last seizure was _____)
- ☐ Vision Problems
- ☐ Hearing Problems
- ☐ Takes prescription medications at home
- ☐ Medications taken at school **NOTE: if medication needs to be taken at School, *see school office to complete necessary forms*.

☐ Other health conditions:

_____

Other Information regarding your child's health:

_____

_____

_____

_____

ALLERGY INFORMATION

☐ Yes ☐ No Does your child have severe or life-threatening allergies?

If Yes, please indicate below by checking the box(es):

- ☐ Food Allergy: _____
- ☐ Medication Allergy: _____
- ☐ Insect (Bite/Sting) Allergy: _____
- ☐ Other: _____

☐ Yes ☐ No Does your child have an Epi-pen?

*****When an Epi-pen is required, a Greenfield School District Medication Administration Consent Form must be completed and an Epi-pen sent to school.**

The above information will be shared with the appropriate school staff to meet the educational and safety needs of your child. If you have any concerns regarding the health of your child, please contact the District Health Nurse at (414) 281-6200 x 2439.

Parent/Guardian Signature: _____ Date: _____

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Residency Information Form

1. Are you currently a resident of the School District of Greenfield? Yes____ No____
2. Student's Name _____
3. Mother's Name _____
4. Mother's Address _____
5. Father's Name _____
6. Father's Address _____
7. Are the student's parents divorced or legally separated? *Yes____ No____ (If no, skip to question 10)

   *If yes, please provide a copy of the custody documentation within the certified court order and indicate child's primary address below in item 8.

Please note the following information regarding student's school records:

- The School District of Greenfield maintains neutrality between parents unless otherwise directed by a court order, which has been provided to the District.
- Unless otherwise directed by a court order, which has been provided to the District, both parents may request and receive information regarding the student and participate in the student's school and district activities.

8. Student's primary residence_____
9. Is the student living with someone other than the student's mother or father? *Yes___ No___ (If no, skip to signature at the bottom of the page)

   *If yes, please complete a Verification of Residency Form and complete questions 10&11.

10. Name of person student is living with_____ Relationship _____
11. Address_____

I hereby certify that the information furnished on this form is true and correct to the best of my knowledge, and the School District of Greenfield may rely on this information to determine the residency of my child.

Parent Signature_____ Date_____

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-04020L (Rev. 06/2017)

STATE OF WISCONSIN
Wis. Stat. §§ 252.04 and 120.12 (16)

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions regarding immunizations, or how to complete this form contact your child's school or local health department.

PERSONAL DATA **PLEASE PRINT**

Step 1

Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year

Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)	Telephone Number ( )

IMMUNIZATION HISTORY

Step 2

List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A **(√)** OR **(X)** except to answer the question about chickenpox, Tdap, or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) ☐ Tdap ☐ Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					

Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known:	Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply)
☐ YES _____ year (Vaccine not required) ☐ NO or Unsure (Vaccine required)	☐ Varicella ☐ Measles ☐ Mumps ☐ Rubella ☐ Hepatitis B If YES, provide laboratory report(s)

REQUIREMENTS

Step 3

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4

STUDENT MEETS ALL REQUIREMENTS
Sign at Step 5 and return this form to school.

Or

STUDENT DOES NOT MEET ALL REQUIREMENTS

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETLY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

☐ Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

☐ **For health reasons** this student should not receive the following immunizations _____

_____ _____
SIGNATURE - Physician Date Signed

☐ **For religious reasons,** I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap, ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella

☐ **For personal conviction reasons,** I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella

SIGNATURE

Step 5

This form is complete and accurate to the best of my knowledge. Check one: (I do☐ I do not☐) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

_____ _____
SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed

STUDENT IMMUNIZATION LAW
AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age/grade level according to the Wisconsin Student Immunization Law. Additional immunizations may be recommended for your child depending on his/her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

Grade/Age	Number of Doses					
Pre-K (ages 2 through 4 yrs)[1]	4 DTaP/DTP/DT[2]		3 Polio	3 Hepatitis B[6]	1 MMR[7]	1 Varicella[8]
Kindergarten through Grade 5	4 DTaP/DTP/DT/Td[2,3]		4 Polio[5]	3 Hepatitis B[6]	2 MMR[7]	2 Varicella[8]
Grades 6 through 12	4 DTaP/DTP/DT/Td[2]	1 Tdap[4]	4 Polio[5]	3 Hepatitis B[6]	2 MMR[7]	2 Varicella[8]

1. Children > 4 years of age who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5 which would normally correspond to the individual's age.
2. D= diphtheria, T= tetanus, P= pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students **Pre-K through 12**: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. Note: a dose four days or less before the 4th birthday is also acceptable.
3. DTaP/DTP/DT vaccine for children **entering Kindergarten**: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. Note: a dose four days or less before the 4th birthday is also acceptable.
4. Tdap is adolescent tetanus, diphtheria and acellular pertussis vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
5. Polio vaccine for students entering grades **Kindergarten through 12**: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. Note: a dose four days or less before the 4th birthday is also acceptable.
6. Laboratory evidence of immunity to hepatitis B is also acceptable.
7. MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the first birthday Note: a dose four days or less before the 1st birthday is also acceptable. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable.
8. Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.

Home Language Survey
School District of Greenfield

Complete this form ONLY if you are new to the School District of Greenfield

Parent/Guardian Home Language Survey

Student Name	**Grade**

Relationship of Person Completing Survey

☐ Mother ☐ Father ☐ Guardian ☐ Other (specify)_____

Directions: Answer questions #1-7

1. What is the first date your child enrolled in a school in the United States? _____/_____/_____ Month/ Day / Year

	English	**Other**	**Other Language(s)**
2. Was your child exposed to a language other than English prior to the age of 4?	☐	☐	
3. What language did your child speak when he or she first began to talk?	☐	☐	
4. What language do you use most of the time when talking to your child?	☐	☐	
5. What language does your child speak most of the time at home?	☐	☐	
6. What language does the child speak to his/her siblings or friends most of the time?	☐	☐	
7. What is your preferred language for home/school communication?			

SIGNATURE

Signature of Person Completing Survey X	Date Signed _____/_____/_____

For Staff Completion
(to be completed for all new students)

ELL File Opened ☐ Yes ☐ No	ELL Evaluator	Today's Date

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Transportation Information

Student Name: _____

My child requires busing: _____ Yes _____No *(STOP HERE IF YOUR CHILD DOES NOT REQUIRE BUSING)*

Your home address: _____

Use HOME address for pick up and drop off: _____ Yes _____ No*

*If no, please indicate the address that should be used for pick up and/or drop off.

IF DIFFERENT THAN HOME ADDRESS COMPLETE BELOW

What is the pick-up address? _____ Daycare _____ Relative _____ Other

Pick-up:

Name: _____

Address: _____

_____

Drop Off: Name: _____

Address: _____

_____

**As a general rule, students are transported to and from their home address. If your child's pick up and/or drop off needs to be another location, the student must designate this non-home address as the permanent pick up and/or drop off address. Please note transportation is only provided within the student's neighborhood attendance area school boundaries.