



215 Pine Ave E, Menomonie WI 54751
Telephone 715-232-1642 / Fax 715-233-3235

KG-12th Grade
2023-2024
Student Registration Form

For Office Use Only:
Birth Certificate Verified by: _____
School: ☐DN ☐KN ☐OAK ☐RH
☐WAK ☐MS ☐HS

STUDENT INFORMATION (Please Print)

LAST Name (Legal)	FIRST Name (Legal)	Full MIDDLE Name	Date of Birth
<u>Primary Home Language</u> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Hmong <input type="checkbox"/> Other _____ If other, please write above		Entering Grade	Gender
		Desired Start Date	Birthplace _____ City / County / State

Ethnicity Designation: (must choose one)

- ☐ Not Hispanic or Latino
☐ Hispanic or Latino
Optional Question: If chosen, select all that apply from the list below:
☐ Columbian | ☐ Ecuadorian | ☐ Guatemalan | ☐ Mexican | ☐ Puerto Rican | ☐ Salvadoran | ☐ Spaniard/Spanish/Spanish-American | ☐ Unknown

Race: (Choose one or more)

- ☐ American Indian or Alaska Native
Optional Question: If chosen, indicate what Tribe: _____ [Tribal Affiliation List](#)
- ☐ Asian
Optional Question: If chosen, select all that apply from the list below:
☐ Burmese | ☐ Chinese | ☐ Filipino | ☐ Hmong | ☐ Indian | ☐ Karen | ☐ Korean | ☐ Vietnamese | ☐ Unknown
- ☐ Black or African American
Optional Question: If chosen, select all that apply from the list below:
☐ African-American | ☐ Ethiopian-Oromo | ☐ Ethiopian | ☐ Liberian | ☐ Nigerian | ☐ Somali | ☐ Unknown
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Distributing Student Data: State statute (Wis. Stat § 11.125(1)(b)) Directory data means those pupil records which include the pupil's (name, address, telephone listing, date and place of birth, major field of study, participation in activities and sports, weight and height of members of athletic teams, dates of attendance, photographs, degrees and awards received and the name of the school most recently previously attended by the pupil).

- ☐ Allow ☐ Withhold Military Recruiters
☐ Allow ☐ Withhold Institutions of Higher Education
☐ Allow ☐ Withhold Public use such as newspapers, social media, marketing purposes
☐ Allow ☐ Withhold Local/district use, such as Yearbooks, Photographs, Sports

Parent in Military?

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

STUDENT EDUCATION HISTORY

Last school attended: (most recent first)

Name of school	Year and or Grade	Public /Private	City/State	Phone

Is this student applying for Open Enrollment into Menomonie School District? ☐ Yes ☐ No (If yes, name of resident district: _____)

Is this student receiving EL (English as a Second Language) Services ☐ Yes ☐ No

Is this student currently under expulsion or awaiting an expulsion hearing? ☐ Yes ☐ No If yes, from what school and district? _____

Has this student been identified as having an IEP? ☐ Yes ☐ No If yes, what is your child's special need? _____

Check any concerns you have about this student: ☐ Speech ☐ Health ☐ Behavior ☐ Learning ☐ Vision/Hearing ☐ Dental ☐ Other _____

Parent/Legal Guardian Signature: _____ Date: _____

Who does the student primarily live with during the school year/days?

☐ Father & Mother

☐ Father Only

☐ Mother & Stepfather

☐ Guardian

☐ 50/50 Physical Placement

☐ Mother only

☐ Father & Stepmother

☐ Other _____

Are there any court documents you wish to notify the school about? (e.g. custody court doc.) ☐ Yes ☐ No (A copy of the legal documents is required.)

STUDENT'S PRIMARY RESIDENCE (A parent's boyfriend/girlfriend or fiancé, living in the same house, is NOT a legal guardian)

Parent/Guardian #1

Parent/Guardian #2

Parent Last Name:

Parent First Name:

Relationship to student:

Primary Phone:

Secondary Phone:

Work Phone:

Email:

Parent Last Name:

Parent First Name:

Relationship to Student:

Primary Phone:

Secondary Phone:

Work Phone:

Email:

(Email is needed for Skyward Family Access login)

Street Address (City/State/Zip Code) _____

Mailing Address (if different) _____

SIBLING INFORMATION: (AGE 18 AND UNDER RESIDING AT PRIMARY RESIDENCE ABOVE)				
Student's LEGAL Name (Last Name, First Name, Middle Name)	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade	School Attending

STUDENT'S SECONDARY RESIDENCE If applicable, this section is for Divorced/Separated/Shared Custody families.

Parent/Guardian #1

Parent/Guardian #2

Parent Last Name:

Parent First Name:

Relationship to Student:

Primary Phone:

Secondary Phone:

Work Phone:

Email:

Parent Last Name:

Parent First Name:

Relationship to Student:

Primary Phone:

Secondary Phone:

Work Phone:

Email:

(Email is needed for Skyward Family Access login)

Street Address (City/State/Zip Code) _____

Mailing Address (if different) _____

Allow Family Access?☐ Yes ☐ No| Food Service? ☐ Yes ☐ No| Fee Management? ☐ Yes ☐ No| Online Registration? ☐ Yes ☐ No| Pick Child Up?☐ Yes ☐ No

SIBLING INFORMATION: (AGE 18 AND UNDER RESIDING AT SECONDARY RESIDENCE ABOVE)				
Student's LEGAL Name (Last Name, First Name, Middle Name)	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade	School Attending

RESIDENCY VERIFICATION STATEMENT

The School District of the Menomonie Area requires that all students attending our schools be bona fide residents of the district. To be a bona fide resident, a student must be living with a parent or legal guardian by court order who is a resident of the district.

Registration of a student who is not a resident is a fraudulent act. Any student found to have been fraudulently registered will be removed immediately. Parents or guardians making a fraudulent registration will be charged tuition for the time the child has been in attendance.

I certify that I understand the residency requirements and that I know the penalty for fraudulent registration.

Parent/Legal Guardian Signature: _____

Print Parent/Legal Guardian Name: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	Relationship to Student:	Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home
Emergency Contact Name:	Relationship to Student:	Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home
Emergency Contact Name:	Relationship to Student:	Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home

HEALTH INFORMATION

Physician Name:	Clinic:	Phone:
Dentist Name:	Dental Clinic:	Phone:

Is there any Health Conditions? Any Action needed? Please Explain:

Daily Medication(s):

Other family information that the school needs to know? Please Explain :

I, the undersigned, do hereby authorize officials of the School District of the Menomonie Area to contact directly the persons named on this form, and do authorize the named physicians/dentists to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians or other persons named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I understand that this form will be shared with all school personnel that need to know this information to protect the life and safety of said child.

Parent/Guardian Signature: _____ **Date:** _____

HOME LANGUAGE SURVEY

1. When at home, does this student hear or use a language other than English more than half of the time?
☐ Yes, _____ ☐ No
2. 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
3. When interacting with their siblings or other children, does this student hear or use a language other than English more than half of the time?
☐ Yes, _____ ☐ No
4. Can an adult family member or extended family member speak English? ☐ Yes ☐ No
5. Can an adult family member or extended family member read English? ☐ Yes ☐ No
6. Number of years the child received formal education outside of the United States? _____
7. Number of years the child received formal education within United States? _____
8. Number of years the child received formal education in Wisconsin? _____

Digital Equity Survey

- 1- Internet Access in Residence: Can the student access the internet on their primary learning device at home?
☐ Yes ☐ No
- 2 - Barrier to Internet Access in Residence: If the student is unable to access internet in their primary place of residence, why not?
☐ Not Desired ☐ Not Available ☐ Not Affordable ☐ Other _____
- 3 - Internet Access Type in Residence: What is the primary type of internet service used at the residence?
☐ Residential Broadband (e.g., DSL, Fixed Wireless, Cable, Fiber) ☐ Cellular Network ☐ Dial-up
☐ Hot Spot (school provided hot spot, or school provided service) ☐ Satellite ☐ None
☐ Community Provided Wi-Fi ☐ Unknown ☐ Other _____
- 4 - Internet Performance in Residence: Can the student stream a video on their primary learning device without interruption?
☐ Yes ☐ No ☐ Sometimes (not consistently)
- 5 - Primary Learning Device Away from School: What device does the student most often use to complete school work at home?
☐ Desktop Computer ☐ Laptop Computer ☐ Tablet
☐ Chromebook ☐ Smartphone ☐ None
☐ Other _____
- 6- Primary Learning Device Provider: Who provided the primary learning device to the student?
☐ School ☐ Personal ☐ Other _____
- 7 - Primary Learning Device Access: Is the primary learning device shared with anyone else in the household?
☐ Shared ☐ Not Shared ☐ Unknown

MIGRANT STUDENT SURVEY

1. Within the last 3 years, has your child(ren) moved from one school district to another within the United States, with a parent, relative or guardian so that person could look for seasonal or temporary work in agriculture?
☐ YES ☐ NO (If you answered NO, please stop. If you answered YES, please continue.)
2. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Date: _____
3. Please check any of the agricultural activities listed below that you have looked for or worked in:

<input type="checkbox"/> Duck, turkey, chicken, pork or beef processing plant	<input type="checkbox"/> Plant or harvest vegetables or fruits	<input type="checkbox"/> Planting, pruning or cutting tree
<input type="checkbox"/> Sod farm	<input type="checkbox"/> Canning vegetables or fruits	<input type="checkbox"/> Poultry/or egg farm
<input type="checkbox"/> Flora culture/gladiola farm	<input type="checkbox"/> DE tassel corns	<input type="checkbox"/> Dairy farm
<input type="checkbox"/> Aquaculture/fish hatcheries	<input type="checkbox"/> Tobacco farm	
<input type="checkbox"/> Green house or plant nursery		

Email completed enrollment forms to: sdma_enrollment@msd.k12.wi.us OR Drop off in person at the Administrative Service Center building (215 Pine Avenue E., Menomonie, WI 54751)

Enrollment questions call: Nella Lee at 715-232-1642 ext. 11331 or email at Marinella_lee@msd.k12.wi.us



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REQUEST FOR STUDENT RECORDS

STUDENT NAME	DATE OF BIRTH	GRADE	START DATE (OFFICE USE ONLY)

Please Fax or Email:

TRANSCRIPTS and GRADES

Fax: 715-233-3235

Email: marinella_lee@msd.k12.wi.us

Email the IEP/ EVAL as soon as possible to: nicola_buss@msd.k12.wi.us

Then mail the following records to:

School District of the Menomonie Area-3444
Administrative Service Center
215 Pine Ave. E
Menomonie, WI 54751

- | | |
|---|---|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Psychological Evaluation Reports |
| <input type="checkbox"/> Academic Performance Records | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Special Education Records | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Standardized Test Results | <input type="checkbox"/> Medication Orders / Plans |

Former School Information:

Former School Name:	Address:
Fax Number:	Phone Number:

Parent/Guardian Signature:

Date: