# UNITY SCHOOL DISTRICT NEW STUDENT REGISTRATION

REGISTRATION DATE:_____ ENTRY DATE:_____ GRADE:_____

LEGAL NAME:_____ GENDER: ☐ M; ☐ F
*Last* *First* *Middle*

MAILING ADDRESS:_____
PHYSICAL ADDRESS:_____

☐ TOWNSHIP ☐ VILLAGE:_____ BUS NO.____ WI ID#_____

HOME PHONE :_____ CELL PHONE:_____

☐ Birth Cert Birth Date:_____ Birth City:_____ State:_____ SSN_____

Verified by: (name/date)_____

ETHNICITY: ☐ Hispanic/Latino; ☐ Am Ind/AK Native; ☐ Asian; ☐ Blk/African-Am; ☐ Nat Hawaiian/; Pacific Islander ☐ White

**STUDENT LIVES WITH:** **RESPONSIBLE FOR STUDENT** YES ☐ NO ☐

**NAME:**_____ RELATIONSHIP:_____

CELL PHONE_____ EMAIL_____

OCCUPATION:_____ EMPLOYER:_____

EMPLOYER ADDRESS_____ PHONE:_____

**RESPONSIBLE FOR STUDENT** YES ☐ NO ☐

**NAME:**_____ RELATIONSHIP:_____

CELL PHONE_____ EMAIL_____

OCCUPATION:_____ EMPLOYER:_____

EMPLOYER ADDRESS_____ PHONE:_____

**2ND MAILING ( i.e. joint custody, non-custodial parent)** **RESPONSIBLE FOR STUDENT** YES ☐ NO ☐

**NAME:**_____ RELATIONSHIP:_____

PHONE NUMBER_____ CELL PHONE_____

MAILING ADDRESS:_____

OCCUPATION:_____ EMPLOYER:_____

EMPLOYER ADDRESS_____ PHONE:_____

**LIST OTHER CHILDREN IN THE FAMILY (PRESCHOOL AND SCHOOL AGE):**

| NAME | DATE OF BIRTH | GRADE |
|---|---|---|
| | | |
| | | |
| | | |

**DOES THIS STUDENT HAVE AN INDIVIDUAL EDUCATION PLAN (IEP)?** **YES** ☐ **NO** ☐

**DESIGNATION?** (i.e. Learning Disability, Emotional/Behavioral)_____

**PREVIOUS SCHOOL(S) ATTENDED**

Name:_____

Address:_____

_____

Phone/Fax:_____

**RECORDS REQUESTED ON:**

_____

Is this student expelled or being considered for expulsion from previous school?

☐ Yes ☐ No

☐ Please check this box if you wish to grant permission for your child to use the internet at Unity. You are agreeing to terms listed in the Unity Internet/computer usage agreement.

**ENROLLMENT IS CONDITIONAL PENDING RECEIPT OF ALL SCHOOL RECORDS**

IN CASE OF EMERGENCY CALL (other than who student lives with):

NAME:_____ RELATIONSHIP:_____PHONE:_____

NAME:_____ RELATIONSHIP:_____PHONE:_____

DOCTOR:_____ HOSPITAL:_____

DENTIST:_____ DENTAL CLINIC:_____

**In case of serious accident or illness at school, your child will be sent to an emergency medical facility. The parent(s) / guardian(s) is/are responsible for expenses.**

VISION PROBLEMS:
Wears glasses/contacts: YES ☐ NO ☐
Other:_____
EAR/HEARING PROBLEMS: YES ☐ NO ☐
Right ear Left ear
☐ ☐ Frequent ear infections
☐ ☐ Hearing loss
☐ ☐ Ear tubes/date inserted_____
☐ ☐ Wears hearing aid

Allergies: YES ☐ NO ☐
To what?_____
Asthma: YES ☐ NO ☐
Inhaler sent to school: YES ☐ NO ☐
Bladder/Bowel Problems: YES ☐ NO ☐
Diabetes: YES ☐ NO ☐
Has own monitor at school: YES ☐ NO ☐
Heart Problems: YES ☐ NO ☐
Seizures: YES ☐ NO ☐

Other: (disability/restrictions)_____

_____

**CONSENT FOR MEDICAL CARE**

To the extent health care services are provided to my minor child consistent with this consent, I agree to waive, indemnify and hold the facility(ies) named above, its employees, agents, and representatives, harmless from any claims of failure to first obtain my permission to examine or treat my minor child.

I hereby consent to allow_____(clinic) and/or_____(hospital) its staff, physicians, and surgeons to provide health care services to my minor child whose name is:

_____

Medical Insurance_____Group #_____

**This consent is: (check all that apply)**

☐ Limited to emergency services. Only, under circumstances where the medical facility has been unable, in the exercise of due diligence or because of the nature of the emergency, to contact me or to contact me quickly enough to otherwise obtain my consent.

☐ A general consent is intended to allow the medical facility to examine or treat my minor child without first obtaining any additional consent.

**MEDICATIONS**: List medications the student takes at home either daily of occasionally (Must have written permission and in pharmacy/original container to be given at school). Prescription medication must have physician written order to be given at school.

MEDICATION NAME PURPOSE DOSAGE

_____

_____

A student's health record is of vital importance. The health information you provide enables the district staff and any health care facility to provide safe optimal learning and health care services. Failure to provide health information may adversely affect the learning process, health care services or your child's safety. For these reasons we encourage you to keep the school nurse informed of you child's health status.

**Parent Guardian Signature**_____**Date**_____

I have read the above statements. I agree to supply the data on this card with full knowledge of the information in that statement.

Unity School District does not discriminate on the basis of age, sec, race, color, national origin, religion, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability or handicap.

# PARENT/GUARDIAN LANGUAGE SURVEY

Student's Name: _____ Grade: _____

Relationship of Person Completing this Survey:
____Mother ____Father ____Guardian ____Other/*Specify*_____

Directions: Check the correct response for each of the following questions and indicate other languages, if appropriate.

| | | English | Other Language(s) |
|---|---|---|---|
| 1. | What language did the child learn when she/he first began to talk? | ____ | ____ |
| 2. | What language does the family speak at home? | ____ | ____ |
| 3. | What language does the child speak to her/his parents most of the time? | ____ | ____ |
| 4. | What language does the parent(s) speak to her/his child most of the time? | ____ | ____ |
| 5. | What language does the child hear and understand in the home? | ____ | ____ |
| 6. | What language does the child speak to her/his brothers/sisters? | ____ | ____ |
| 7. | What language does the child speak to her/his friends most of the time? | ____ | ____ |

| | | Yes | No |
|---|---|---|---|
| 8. | Can an adult family member or extended family member speak English? | ____ | ____ |
| 9. | Can they read English? | ____ | ____ |
| 10. | Do the parents/guardians request oral and/or written communication from the school to be in English? If no, in what language? | ____ | ____ |

Signature of Person Completing Survey _____ Date_____

UNITY MIDDLE SCHOOL
Enrollment Survey

Student's legal name_____ Date of Birth_____

Date of enrollment_____ Grade completed _____

Would your student like _____Band _____Choir

Yes No

_____ _____ 1. Has the student ever been expelled from school? If so, from what school, when, and for what length of time?_____

_____

_____ _____ 2. Has the student ever been retained at any grade level? If yes, what grade or grades?_____

_____ _____ 3. Has absenteeism ever been greater than 10 days per year? If yes, why? _____

_____ _____ 4. Has the student ever received special help for any subject or for any part of the day? If yes, what type of help or program?

_____

_____ _____ 5. Has the student ever been tested by educational specialists for which parental permission was obtained?

_____ _____ 6. Was the student ever placed in a special program? If yes, circle those which apply: Early education/handicapped, speech & Language, learning disabilities, emotionally handicapped, hearing impaired, visually impaired, other _____

_____ _____ 7. Has the student been receiving supportive services from a guidance counselor, psychologist, social worker, or any other supportive personnel?

_____ _____ 8. Are there know problems of academic, social, physical, or emotional adjustments? If yes, please list: _____

Comments: _____

_____

_____

Parent signature