

Student Registration Form

Dodgeville School District

When completing this form please use legal names as shown on birth certificates for student, father and mother.

School: _____

Grade: _____

Student Information: Legal Name: _____

Address: _____ (Last Name) _____ (First Name) _____ (Middle Name) _____ Preferred to be called.
Mailing Address: _____ City: _____ Township: _____ State: _____ Zip Code: _____

Phone Number: _____ Date of Birth: _____ Age: _____ Gender: _____

Birthplace (Required): City: _____ State: _____ County: _____

Is this student Hispanic or Latino, choose one only: _____ Yes _____ No

For state reporting and research information, please school one or more, you MUST select at least one: _____ American Indian/Alaska Native _____ Asian
_____ Black/African American _____ Native Hawaiian/Other Pacific Islander _____ White

Language spoken at home: _____ English _____ Spanish _____ Other(please name) _____

Is the child currently expelled from a school district? _____ Yes _____ No

Has/is the child currently receiving Special Education Services? _____ Yes _____ No

FAMILY INFORMATON: Both parents have rights to receive information about their child UNLESS otherwise ordered by the courts. Indicate below if your family has any court ordered custody agreements. If yes, the school office **MUST** have a copy of the court ordered custody agreement(s) on file.
_____ Yes - There is a court ordered custody agreement for this student. _____ No - There are no court ordered custody agreements.

My child may be released from school to (list all that apply): _____

Student lives with: _____ Both Parents _____ Parent/Step-parent _____ Mother Only _____ Father Only _____ Both Parents Alternately
_____ Foster Home _____ Legal Guardian _____ Relative (Relationship) _____ Other (Explain) _____

Father's Legal Name: _____

(Step-Parent Name:) _____

Address: _____ PO Box _____

City/State/Zip: _____

Phone- Home : _____ Cell Phone: _____ Work: _____

Email Address: _____

Employer: _____

Mother's Legal Name: _____

(Step-Parent Name:) _____

Address: _____ PO Box _____

City/State/Zip: _____

Phone- Home : _____ Cell Phone: _____ Work: _____

Email Address: _____

Employer: _____

Other children in the family (include: Name, Date of Birth & Grade) _____

STUDENT NAME: _____

MILITARY INFORMATION: The Federal/State Government is requiring school districts to ask ALL households the following questions. Please answer the question as it pertains to the parent/guardian of this student.

Is either parent or guardian on active duty in the military?

_____ Yes -- If yes, please indicate name of military member, branch and current service status: _____
_____ No

Is either parent or guardian for this student a traditional member of the guard or reserve?

_____ Yes (If yes, please indicate name of guard/reserve member, branch and current service status: _____
_____ No

Is either parent or guardian for this student a member of the Active Guard or Reserve (AGR) under Title 10 or full time National Guard Under Title 32?

_____ Yes (If yes, please indicate which): _____
_____ No

What is the approximate start date of military service? _____

BUSING INFORMATION:

Do/will your children) ride the bus? _____ Yes _____ No If yes, how many miles do you live from school? _____ miles

Address where picked up before school: _____ Address where dropped off after school (if different): _____

Have you contacted Lamers Bus Company? _____ Yes _____ No If No, please call Lamers Bus Company at (608) 319-2285 (option 2) if busing is needed.

Have you paid for in-town busing service? _____ Yes _____ No