

PALMYRA-EAGLE AREA SCHOOL DISTRICT- STUDENT INFORMATION SHEET

STUDENT'S NAME: _____ SEX _____
(LAST) (FIRST) (MIDDLE)

CURRENT GRADE: _____ DOB: _____ / _____ / _____ NICKNAME: _____
(Month - Day - Year)

FIRST FAMILY INFORMATION (The student lives with this family)

PARENT NAME	DAYTIME PHONE NUMBER
Father/Stepfather	
Mother/Stepmother	
Legal Guardian	

HOME PHONE _____ CELL PHONE _____

ADDRESS _____
(STREET) (CITY) (ZIP)

MAILING ADDRESS _____
(IF NOT THE SAME AS THE STREET ADDRESS)

TAXING MUNICIPALITY Village of Eagle Town of Eagle Village of Palmyra Town of Palmyra
 Town of Ottawa Town of Sullivan Town of LaGrange

PARENT EMAIL ADDRESS: (#1) _____ (#2) _____

PARENT RECEIVES ALL REPORTS AND FORMS: YES NO

PARENTS: Married Divorced Separated Joint Custody: YES NO Single Parent
 Remarried Deceased: Father Mother

SECOND FAMILY INFORMATION

PARENT NAME	DAYTIME PHONE NUMBER
Father/Stepfather	
Mother/Stepmother	
Legal Guardian	

HOME PHONE _____ CELL PHONE _____

ADDRESS _____
(STREET) (CITY) (ZIP)

MAILING ADDRESS _____
(IF NOT THE SAME AS THE STREET ADDRESS)

TAXING MUNICIPALITY Village of Eagle Town of Eagle Village of Palmyra Town of Palmyra
 Town of Ottawa Town of Sullivan Town of LaGrange

PARENT EMAIL ADDRESS: (#1) _____ (#2) _____

PARENT RECEIVES ALL REPORTS AND FORMS: YES NO

PARENTS: Married Divorced Separated Joint Custody: YES NO Single Parent
 Remarried Deceased: Father Mother

EMERGENCY PERSON TO BE CONTACTED IF PARENTS CANNOT BE REACHED:

Name _____ Phone No. _____ Relationship to student _____

Name _____ Phone No. _____ Relationship to student _____

<i>NAMES AND BIRTH DATES OF OTHER CHILDREN IN THE HOME (OLDEST FIRST)</i>	
NAME	BIRTH DATE

In order to provide verification that the Palmyra-Eagle Area School District is in compliance with Wisconsin Department of Public Instruction regulations regarding pupil nondiscrimination, it is necessary to ask for the following information:

RACE: Asian/Pacific Islander	Native American/Alaskan Native
Black, not Hispanic	White, not Hispanic
Hispanic	Other

***Is a language other than English spoken in the home on a regular basis?**

No Yes If YES, what language(s)? _____

***Does your child communicate in a language other than English?**

No Yes If YES, what language(s)? _____

*** Which language did your child learn first?** _____

*** In what language would you prefer to get information from the school?** _____

CITY, COUNTY AND STATE OF BIRTH: _____

SCHOOL DISTRICT TRANSFERRING FROM: _____

ADDRESS/PHONE NUMBER OF FORMER SCHOOL: _____

IF THIS IS AN OPEN ENROLLMENT IN, WHAT DISTRICT IS THE STUDENT COMING FROM? _____

***DOES YOUR CHILD HAVE AN IEP (INDIVIDUALIZED EDUCATION PLAN)?** YES NO

***DOES YOUR CHILD HAVE A SECTION 504 PLAN?** YES NO

***DOES YOUR CHILD HAVE AN IHP (INDIVIDUALIZED HEALTH PLAN)?** YES NO

Signature of Parent/Guardian: _____

DATE: _____

FOR OFFICE USE ONLY

CERTIFIED BIRTH CERTIFICATE:

No Yes

PROOF OF RESIDENCY:
