



Shell Lake Schools New Student Registration Form

Updated 8/27/19

Date of enrollment ____/____/____

Student LEGAL Name _____
(FIRST) (MIDDLE) (LAST)

Gender: { } Male { } Female

Student Birthdate: ____/____/____ Current Grade Level: _____

Birthplace: City _____ County _____ State _____

Home Address: _____

Mailing Address: _____
(If Different) _____

Home Email: _____

Home Phone: _____ Cell Phone: _____ Mother
_____ Father

- Ethnicity: [] Hispanic or Latino [] Non-Hispanic or Non- Latino
- Race: [] American Indian or Alaskan Native
 [] Asian
 [] Black or African American
 [] Native Hawaiian or Other Pacific Islander
 [] White

Parent/ Guardian: _____ Relationship to Student _____

Place of Employment: _____

Work Phone: _____

Parent/ Guardian: _____ Relationship to Student _____

Place of Employment: _____

Work Phone: _____



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1. Will the student be riding the bus? **Yes** **No**
2. Is either parent or guardian on active duty in the military? **Yes** **No**
3. Is either parent or guardian a traditional member of the Guard or Reserve? **Yes** **No**
4. 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**

Emergency numbers if parents cannot be reached:

Name _____ Relationship _____ Phone _____

Address _____ Cell Phone _____

Name _____ Relationship _____ Phone _____

Address _____ Cell Phone _____

Name _____ Relationship _____ Phone _____

Address _____ Cell Phone _____

For Office Use Only

- Requested records - Date _____
- Locker Assignment - Number _____

- Birth Date Verified
- Skyward Enrollment
- Lunch Keypad # _____

Notify:

- K-6 School
- Nurse
- Teachers

- Computer Tech
- Special Ed Director
- School Counselor

Bus Garage Bus # _____ Pick up time: _____ Location: _____



School District of Shell Lake
271 US Highway 63
Shell Lake, WI. 54871
www.shelllake.k12.wi.us

Request for records

Date of Enrollment: _____

I hereby authorize the (school, agency, person) listed to release the information which I have indicated below for:

Student: _____
Grade _____ Date of Birth _____

Previous School: _____ Phone: _____

Street Address: _____ Fax: _____

City, State, Zip: _____

Signature of parent _____ Date _____

The following records are hereby requested, Please send a copy via fax/email and mail student files address listed above/below:

All Student records including-

- Reports Cards
- Transcripts
- Medical and/or Immunization records
- Psychological Evaluations
- Disciplinary Reports/Evaluations
- Appropriate agency Reports
- IEP Reports (if currently receiving services please email current IEP to: **baltsl@shelllake.k12.wi.us**)
- Expulsion Findings

Send Records to: Shell Lake Schools
271 US Hwy. 63
Shell Lake, WI. 54871

To simplify this student's initial enrollment, please return by EMAIL (preferred method) or FAX the above listed items as they pertain.

FAX: (715) 468-_____

EMAIL: _____@shelllake.k12.wi.us



Shell Lake School District Medical Permission Form

The Medical Permission form is required by the State of Wisconsin under Title 9. The information on this form will remain in effect throughout the current school year.

I hereby give permission to the Shell Lake School District to secure medical assistance for my child, _____, in case of an emergency while he/she is involved in school activities.

If I cannot be reached immediately, I hereby authorize the school principal or staff member to call or drive my child to the doctor or dentist if a need for emergency care exists. An ambulance may be called if necessary.

Parent/Guardian Signature _____ Date _____

If your child has any allergies or a chronic medical condition, we would like you to complete this form so we can better assist your child during the school day. This form will be kept in your child's health file and available to school staff on a need to know basis.

Student's Name: _____

No known health issues

Health-related issues

Medical Information (i.e. Lactose intolerance, allergies, asthma, diabetes, seizures):

Type of Reaction:

Medications Used:

Additional Comments:

Parent/Guardian Signature _____ Date _____



Shell Lake School District Children with Exceptional Needs Form

This form is for identification of Children with Exceptional Educational Needs as specified in Chapter 115 P.1.11.02 (a)(b). Thank you for your cooperation.

Student Name: _____ Grade Level: _____

Has your child experienced previous school adjustment problems in academics or socially?

Yes No

Does your child have physical limitations that are of concern to the school?

Yes No

Has your child been referred previously for an evaluation?

Yes No

Has your child been in any special programming such as Intensive Interventions, Title I, Speech/Language, Special Education, etc.?

Yes No

Any other information or comments you would like to share about your child?



Shell Lake School District Home Language Survey

Shell Lake School District

Student Information

Date:	
First Name:	Middle Name:
Last Name:	
Date of Birth:(DD/MM/YYYY) ___/___/_____	Grade:
Language(s) other than English used by student:	

Parent/Guardian Information

Parental/Guardian preference for languages used for school communications (may be multiple):

First Name:	Last Name:	Relationship to Student:
Preferred Language for Oral Communication:		
Preferred Language for Written Communication:		
First Name:	Last Name:	Relationship to Student:
Preferred Language for Oral Communication:		
Preferred Language for Written Communication:		

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____



Shell Lake School District Preschool Aged Children Form

If you have younger children at home, please fill in the following information. This information is provided for the Shell Lake School District Census. When your child reaches the appropriate age for school, you will be contacted regarding enrollment in the 4-Year-Old Kindergarten program. Your cooperation is appreciated!

Name of Younger Children	Gender	Age	Date of Birth	Birth Place

Mother's/Guardian's Name: _____

Father's/Guardian's Name: _____

Address: _____



Google Apps for Education Parent Permission Form For Students Under 13 Years Old

By signing below, I confirm that I have read and understand the following:

Under FERPA and corresponding Wisconsin law, a student's education records are protected from disclosure to third parties. With regards to COPPA, I understand that my student's education records (projects, documents, email, files, username and password) stored in Google Apps for Education may be accessible to persons acting on behalf of Google by virtue of this online environment. This does not include any student demographic or grade information stored in our Skyward Student Information system. I also understand that my student's use of Google Apps for Education is governed by the School District of Shell Lake Board Policy 363 – Technology Acceptable Use Agreement.

My signature below confirms my consent to allow my student's education records (projects, documents, email, files, username and password) to be stored by Google. My child will be assigned a School District of Shell Lake Google Apps for Education account. This means my child will receive an email account (grades 5-12), access to Google Docs and Calendar (grades 3-12).

If there are any concerns regarding this, please feel free to contact the Elementary Office @ (715) 468-7815 or the High School Office @ (715) 468-7814

Student Name _____

Parent Name _____

Parent Signature _____

Date _____