



School District of Waupaca
 E2325 King Rd
 Waupaca, WI 54981
 Phone: 715.248.4121
 Fax: 715.258.4125
 www.waupaca.k12.wi.us

Student Enrollment Information Form

Legal Last Name	Legal First Name	Middle Name	Birth Date	Birth City, State	Gender	Grade	Student ID	School	Start Date

Race/Ethnicity: Is this student Hispanic or Latino? Yes ____ No ____
 Select one or more: American Indian or Alaska Native ____ Asian ____ Black or African American ____ Native Hawaiian or Other Pacific Islander ____ White ____

Name of previous school _____ City, State _____, _____

Student Birth Country _____ Student's first language _____

Language most often spoken at home _____

- Is this child currently receiving special education services (has IEP)? Yes/No
- Has this child previously received special education services (had an IEP)? Yes/No
- Has this child ever been expelled or under pre-expulsion? Yes/No
- Do you live in the School District of Waupaca? Yes/No
- Has this child ever attended a Waupaca public school? Yes/No If yes, which school? _____ When? _____

PUBLIC NOTICE OF STUDENT EDUCATIONAL RECORDS POLICY: Information such as a student's name, address, participation in officially recognized activities and sports, photographs, awards received and the name of the school most recently attended by the student shall be considered public information and may be released to post-secondary institutions, military recruiters, and yearbook related organizations and purposes (i.e. Jostens, news media), at a fee to be determined by the administration, unless parents or adult students refuse the release in writing. The refusal to release shall be of their own initiation. In the event parents or adult students want information to be released to persons to whom it has been refused, they may request in writing to the District Administrator (E2325 King Rd, Waupaca, WI 54981) that it be furnished.

Yes, release student directory data information as specified above **No**, don't release any directory data information for any reason.

By signing this form, I certify and represent that I have the legal authority to enroll this child.

Parent/Guardian Signature _____

Date: _____