

SCHOOL DISTRICT OF OOSTBURG

410 New York Ave.
Oostburg, WI 53070
Phone (920) 564-2346
Fax (920) 564-6138

Date of Entry _____
Grade Entering _____ Age _____
Student ID _____
Records Requested _____
Records Received _____

STUDENT

Child's Full Legal Name: _____
Last Name First Name Full Middle Name
Date of Birth: ____/____/____/ Gender: Male / Female
Mo Day Year (Circle One) Preferred first name: _____
Place of Birth: _____
(City, State) (Country)
Ethnicity: (please select one) Hispanic/Latino Non-Hispanic/Latino
Race: (select all that apply, must select at least one) American Indian/Alaska Native Asian
 White Native Hawaiian/Other Pacific Islander Black/African American

LANGUAGE

Schools are required under federal civil rights laws to identify all students whose home language is not English.
Language(s) spoken at home: English Other _____
Language(s) student first spoke: English Other _____
Language(s) student currently speaks: English Other _____
Has this student ever received ELL services? Yes No If yes, from which school: _____

HOME

Child's Home Address _____ Primary Phone: (____) _____
City Zip _____
 Yes No
If eligible for bussing, will you use the services?
Transportation is not provided for School Choice Students
Student resides with:
 Both Parents Father Mother Stepfather Stepmother Guardian Other
Parents are: Married Separated Divorced Widowed Other
Primary Placement (if applicable): Mother Father Custody Form 488 (for office use): Yes No

LAST SCHOOL

Last school this child attended: _____
Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____
Has your child ever received Special Education Services? Yes No
If yes, is your child currently receiving services? Yes No
Has your child ever been retained? Yes No If yes, what grade? _____

MILITARY

The following information is required by the DPI. If yes, please provide the name of parent/guardian.
For questions, please refer to: <https://dpi.wi.gov/wise/data-elements/parent-in-military>
Is either parent or guardian on active duty in the military? Yes No Name: _____
Is either parent or guardian a traditional member of the Guard or Reserve? Yes No
Name: _____
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 Name: _____ (OVER)

PARENT/GUARDIAN

Name: _____ Relationship to child: _____

Address (if different than students): _____

City, State, Zip: _____

Do you have access to the internet? Yes No Do you have a printer? Yes No

E-mail address: _____

Employer: _____ Work hours: _____

Phone numbers: Cell (____) _____ Work (____) _____ Other (____) _____

PARENT/GUARDIAN

Name: _____ Relationship to child: _____

Address (if different than students): _____

City, State, Zip: _____

Do you have access to the internet? Yes No Do you have a printer? Yes No

E-mail address: _____

Employer: _____ Work hours: _____

Phone numbers: Cell (____) _____ Work (____) _____ Other (____) _____

HOUSEHOLD

Other children in the home/family and their birthdates:

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

EMERGENCY

Emergency Contacts: (someone who is able to pick up your child in your absence – must be at least 18 years old)

Full Legal Name Phone#/Phone Type Relationship to Child

Child Care Provider: _____ Phone : (____) _____

Child Care Provider's Address: _____

PERMISSION

YOUR PERMISSION IS IMPLIED regarding these situations.
Check (✓) if **consent is DENIED. Your signature is required.**

___NO, Oostburg School District does NOT have permission to use my child's name and picture on the District's internet site, newsletter or any other social media.

___NO, Oostburg School District does NOT have permission to allow internet access through the OSD network for my child.

Parent/Guardian Signature: _____ Date: _____

I verify that all the information on this form is true to the best of my knowledge.