

SWALLOW SCHOOL NEW STUDENT ENROLLMENT FORM / 2023-24

(legal name must be used for student and parents)

Section I: Student Information

Actual Starting Date _____

Student's Legal Name: _____ DOB*: _____

Preferred Name: _____ Grade: _____ Gender: _____ Home Phone: _____

Address*: _____ Apt#: _____

City, State & Zip: _____ County: _____

Birth City: _____ Birth State: _____ Birth County: _____

Birth Country: _____ Entry date into US (if birthplace is other than US): _____

Start of school in US: _____ WI First Time Enrollment Date (if after kindergarten): _____

Primary Language Spoken: _____ Secondary Language Spoken: _____

Ethnicity: (mark one) Hispanic/Latino ☐ Yes ☐ No If Hispanic or Latino was chosen, select all that apply from the list below:

☐ Columbian ☐ Ecuadorian ☐ Guatemalan ☐ Mexican ☐ Puerto Rican ☐ Salvadoran ☐ Spaniard/Spanish/Spanish-American
☐ Decline to indicate ☐ Unknown ☐ Other

Federal Race: (mark all that apply) ☐ American Indian or Alaskan Native ☐ Asian ☐ Black
☐ Native Hawaiian or Other Pacific Islander ☐ White

Child resides with: (mark one) ☐ Both Parents ☐ Mother only ☐ Father only ☐ Guardian ☐ Foster ☐ Joint Custody

Section II: Guardian Information

FAMILY 1 INFORMATION

Guardian 1 Name: _____ Cell Phone: _____ Gender M F

Employer: _____ Work Phone: _____

Email Address: _____ Birthplace: _____

Guardian 1 Spouse: _____ Cell Phone: _____ Gender M F

Employer: _____ Work Phone: _____

Email Address: _____ Birthplace: _____

Address (if different from student): _____

FAMILY 2 INFORMATION

Guardian 2 Name: _____ Relation to Student: _____

Address: _____ Home Phone: _____

City, State & Zip: _____ Cell Phone: _____ Gender M F

Employer: _____ Work Phone: _____

Email Address: _____ Birthplace: _____

Guardian 2 Spouse: _____ Cell Phone: _____ Gender M F

Employer: _____ Work Phone: _____

Address (if different from student): _____

*Proof of residency and original birth certificate required to complete the registration process.



For Office Use Only: Birth Certificate Verified ☐ ☐ Resident ☐ Tuition (building/moving) - date in home _____
Proof of Residency Verified & Attached: ☐ ☐ Open Enrollment ☐ Tuition Waiver
Immunizations to Health Room ☐

Section III: Sibling Information

Name	Gender	Birthdate	Current School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section IV: Emergency Information (Parent/Guardian will be contacted first.)

Emergency Name:	Home Phone#:	Cell Phone#:	Relationship to Student
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section V: Student Health InformationDoes your child have any special health concerns? ☐ No ☐ Yes

If yes, please explain: _____

Does your child have any Severe Allergies? ☐ No ☐ Yes

If yes, please list: _____

*^ If yes, an Individual Health Plan must be filled out each year. Forms may be obtained from the school nurse or downloaded from the school website.***Section VI: Home Language Survey****

What language did your child learn when she/he first began to talk?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____
What language does the parent(s) speak with other adults in the home?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____
What language does the parent(s) speak to his/her child most of the time?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____
What language does the child speak to parent(s) at home most of the time?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____
What language does the child speak to his/her friends outside of school?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____
Does an adult in the home <u>speak</u> English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does an adult in the home <u>read</u> English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your child ever enrolled in an English Language Program (ESL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, School Name _____		
Was your child exited from an English Language Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Yes, date of exit _____
Do you think your child will benefit from an English Language Program (ESL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Person Completing Survey: _____ Relationship to Student: _____

Section VII: Individualized Education Plan (IEP) History

Does your student currently have an Individualized Education Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your student ever had an Individualized Education Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes for either, please list an IEP Contact Name and Title: _____

School/Agency: _____ Phone: _____

Section VIII: Previous School Information

School last attended: _____

School Address: _____

Phone: _____ Fax: _____

****For Office Use Only** Give Special Ed. Director a copy of Registration Form if any of the following are reflected in Section VI:
question #1-5: any are marked **Other** **question #6-7:** any are marked **No** **question #8-10:** any are marked **Yes**