



Big Foot High School

Enrollment Form – New Student

401 DEVILS LANE • P.O. BOX 99 • WALWORTH, WI 53184 • VOICE: (262) 275-2116 • FAX: (262) 275-5117

Student Full Name: _____ Grade: _____
First Middle Last

Student Date of Birth: _____ Is this student a twin, triplet, etc. Yes No Gender: _____

Student Primarily Lives with (Parent(s) Name(s): _____

Residence Address: _____

Residence City: _____ Residence State: _____ Residence Zip: _____

Mailing Address: (if different) _____

Mailing City: _____ Mailing State: _____ Mailing Zip: _____

Phone Numbers: Home _____ Cell: _____

Parent Email(s): _____

Supplemental Services

Providing the following information will help us identify if your student will qualify for supplemental services.

Does your student have any of the following?

- | | | |
|--|---|--|
| <input type="checkbox"/> Special Education/IEP Status | <input type="checkbox"/> 504 Plan | <input type="checkbox"/> English Language Learner (ELL) Plan or Status |
| <input type="checkbox"/> Health Plan | <input type="checkbox"/> At-Risk | <input type="checkbox"/> Response to Intervention (RTI) Plan |
| <input type="checkbox"/> Gifted and Talented Plan/Status | <input type="checkbox"/> Other concerns you have for your child that are not listed above | |

Explain other concerns:

Please chose which of the following situations the student currently resides in (choose one):

- | | |
|---|---|
| <input type="checkbox"/> House or apartment with a parent or guardian | <input type="checkbox"/> Motel or Hotel |
| <input type="checkbox"/> Shelter or transitional housing | <input type="checkbox"/> Unsheltered |
| <input type="checkbox"/> Double Up – living with friends or family members (other than or in addition to parent/guardian) | |

Please chose which of the following situations the student currently resides in (you can choose more than one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Loss of housing | <input type="checkbox"/> Economic Situation | <input type="checkbox"/> Temporarily waiting for house or apartment |
| <input type="checkbox"/> Provide care for a family member | <input type="checkbox"/> Loss of employment | <input type="checkbox"/> Living with boyfriend/girlfriend |
| <input type="checkbox"/> Parent/Guardian is deployed | <input type="checkbox"/> Other | |

Explain other concerns:

Are you a student under the age of 18 and living apart from your parents or guardians? YES NO

Has your family moved in order to work in another city, country or state in the last three years? YES NO

Is this student Hispanic or Latino? (circle only one) NO, not Hispanic or Latino
 YES, Hispanic or Latino

Is this Student: (You must select at least one box below)

	American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America, (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.
	Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	Black or African American - A person having origins in any of the black racial groups of Africa.
	Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa

- OVER -



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Siblings

Name of Student(s)	Name of School	Grade

Home Language Survey

- List the one primary language spoken at home. _____
- What language(s) did the child learn when he or she first began to talk? _____
- What language does the child hear and understand in the home? _____
- Can an adult member or extended family member speak English? _____
- What language do you prefer to receive information in? _____
- Do you need a translator/interpreter available at school conferences?
 YES NO
- Student Birth Place: Birth City _____ Birth State _____

Parent In Military – Select one of the following as it pertains to this student

- Either parent or guardian is on active duty in the military
- Either parent or guardian is a traditional member of the Guard or Reserve
- Either parent or guardian is a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32

School Currently Attending

School	City	State

By signing below, I authorize Big Foot High School to receive any educational records from the student's current school for the purpose of preparing for the academic year.

PARENT Signature

PARENT Print Name

Date