

COCHRANE-FOUNTAIN CITY SCHOOL DISTRICT

New Student Enrollment

STUDENT INFORMATION

Date Enrolled (start date): _____ Grade Enrolling Into: _____

Student's Full Legal Name: _____
First Middle Last

Birthdate: ____/____/____ Nickname _____

Gender: Male Female Non-Binary Twin: Yes No

Social Security Number: _____

Birth City: _____ Birth County: _____

Birth State: _____ Birth Country: _____

Special Needs (Please complete if any of these pertain to above child.)

Primary Disability (IEP): _____

Medical _____

Physical _____

Emotional _____

504 Grade level when placed _____

PREVIOUS SCHOOL INFORMATION

Name of Former School _____

Grades attended there _____ Phone # _____ Fax # _____

Address _____

Has your child ever been retained at grade level? No Yes—Grade: _____

Has your child ever been expelled from school? No Yes—Date (s): _____

Is your child under suspension from co-curriculars? No Yes—Date (s): _____

Reason for suspension _____

I certify that the information provided on this registration form is true and accurate.

Signature _____ Date _____

CENSUS—please list all family members in the house 18 years and younger

Siblings Name(s)	Grade	Birthdate
_____ / _____ / _____		
_____ / _____ / _____		
_____ / _____ / _____		
_____ / _____ / _____		

Ethnicity—MUST complete all parts

Part 1—Native Language: English Other: _____

Part 2—Must choose one of these:
 Hispanic or Latino
 Not Hispanic or Latino

Part 3—If NOT Hispanic or Latino, select one or more of these:

- American Indian or Alaskan Native Tribe: _____
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Part 4—If Hispanic or Latino, which code best fits:

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

If you do not complete the ethnicity requirement, an ethnicity will be selected for you.

PARENT/GUARDIAN INFORMATION

FAMILY / PARENTS NAME: (Household #1)

Address: _____

Name: _____ Relationship: _____ Email: _____ Custody: YES NO

Cell Number: _____ Home Phone Number: _____ Employer: _____ Work Phone: _____

Name: _____ Relationship: _____ Email: _____ Custody: YES NO

Cell Number: _____ Home Phone Number: _____ Employer: _____ Work Phone: _____

FAMILY / PARENTS NAME: (Household #2)

Address: _____

Name: _____ Relationship: _____ Email: _____ Custody: YES NO

Cell Number: _____ Home Phone Number: _____ Employer: _____ Work Phone: _____

Name: _____ Relationship: _____ Email: _____ Custody: YES NO

Cell Number: _____ Home Phone Number: _____ Employer: _____ Work Phone: _____

Marital Status of Birth Parents: _____ Married _____ Separated _____ Divorced _____ Parent Death _____ Never Married

If separated or divorced parent does not have placement or custody, but should receive copies of correspondence, please list that address below:

_____ Mother _____ Father Address _____

FOR OFFICE USE ONLY

First Day of Attendance _____ (P3, 4K, KG confirmed by:) Birth Cert. or Baptism Cert.

Student ID/Lunch # _____ Bus Route # _____ Driver's Name _____

(HS) Locker # _____ (ELE) Homeroom Teacher / Room # _____ / _____

ED-FI ID # _____

COCHRANE-FOUNTAIN CITY SCHOOL DISTRICT

HOME / LANGUAGE SURVEY

Student's Name: _____

Grade: _____ Date: _____

Name of person completing survey: _____

Relationship to student: Mother Father Guardian Other _____

1. Was the child born in the United States? Yes No
2. What language did the child learn when she/he first began to talk? English Other _____
3. What language does the family speak at home most of the time? English Other _____
4. What language do the parents speak to the child most of the time? English Other _____
5. What language does the child speak to the parents most of the time? English Other _____
6. What language(s) does the child hear and understand? English Other _____
7. What language does the child speak to brothers/sisters? English Other _____
8. What language does the child speak to friends most of the time? English Other _____
9. Has the child received any schooling outside the U.S.? No Yes How many years: _____
10. Can an adult family member speak English? Yes No, other: _____
11. Can an adult family member read English? Yes No, other: _____
12. Can documents from school be sent home in English? Yes No, other: _____
13. Is your family experiencing a loss of housing? Yes No

For Office Use Only:

ELL File Opened Date	ESL Test Date	Tested ELL Level
ELL Evaluator	Date Begin ELL Services	Today's Date

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PLEASE COMPLETE BOTH SIDES OF THIS FORM

COCHRANE-FOUNTAIN CITY SCHOOL DISTRICT

Student's Name: _____

Grade: _____ Date: _____

Student's Name: _____

Grade: _____ Date: _____

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Grade: _____ Date: _____

Student's Name: _____

Grade: _____ Date: _____

PARENT/GUARDIAN ACTIVE MILITARY STATUS SURVEY

Name of person completing survey: _____

Relationship to student: Mother Father Guardian Other _____

1. Is either parent or guardian on active duty in the military? YES NO
2. Is either parent or guardian a traditional member of the Guard or Reserve? YES NO
3. Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?

If yes, please mark: Inactive Active Duty, Deployed Killed in Action Discharged Retired
 Active Duty, not Deployed AGR Title 10 or NG Title 32 Injured Transitioning out of Active Duty

DIGITAL EQUITY SURVEY

Please mark the option that best describes your situation

The student can access the internet on their primary learning device at home?

True False

Who provides the primary learning device to the student?

School Personal Other

If the student is unable to access internet in their primary place of residence, why not?

Not Desired Not Available Not Affordable Other

Is the primary learning device shared with anyone else in the household?

Shared Not Shared Unknown

What is the primary type of internet service used in the home?

Broadband (DSL, Cable, Fiber) Cellular Network Hot Spot Satellite
 Community Provided Wi-Fi Dial-up Other None—Unknown

Can the student stream a video on their primary learning device at home?

Yes Sometimes (not consistently) Not

What device does the student most often use to complete school work at home?

Desktop Computer Laptop Computer Tablet Chromebook
 Smartphone None Other