

2017-18 BIRCHWOOD SCHOOL New Student Registration Form



 Birchwood Elem. (PK-Gr. 5)
 Birchwood Middle (Gr. 6-8)
 Birchwood High (Gr. 9-12)

 Birchwood Public Montessori (PK-Gr. 6)
 Birchwood Blue Hills Charter (Gr. 7-12)
 Bobcat Virtual Academy (K-Gr. 12)

Student Information:

First Name	Middle Name	Last Nam	e	Today's Date
		Birth Date		
Physical Street A	Physical Street Address		Age	2016-17 Grade
Mailing Address (if different from above)		Home Phone	Sti	ident's Cell
City/State/Z	<i>L</i> ip	Student's l	Email Address	G Female
				Sex Male

Busing Information (if applicable):

	Directions from School to Home				
Distance to Home					
Location for student to	First Name	Last Name	Address	Phone	
be picked up or dropped					
off if different than home					
address					

Medical Information:

	First Name		Last Name		
Physician	City		Phone		
	First Name City		Last Name		
Dentist			Phone		
Other Medical	First Name	Last Name	City	Phone	
Medical Conditions (Please list all that apply)	Serious Illness	Allergies	Food Allergies	Prescriptions (Name)	
Medical Plan(s) (Please list any that apply)	Plea	ase list any specific direction	s or plans for Medical Cond	itions	

Academic & Behavioral Background:

Academic & Extra Curricular Interests							
Favorite Subject(s)							
Least Favorite Subject(s):							
Hobby/Favorite Leisure Activity:							
Middle and High School Extra-Curricular Interests	Band	Choir	Newspaper		Annual		FCCLA
(Please place a \sqrt{in} front	FBLA	Forensics	Drama		Golf		Cheer- leading
of any that apply.)	Volleyball	Football	Basketball		Softball		Baseball

Academic Assistance Background (If student is receiving any of the following, please elaborate.)				
Title I Help:	No (If "Yes", please provide some detail.) Yes			
Speech/Language:	No (If "Yes", please provide some detail.) Yes (If "Yes", please provide some detail.)			
Special Education:	No (If "Yes", please provide some detail.) Yes (If "Yes", please provide some detail.)			
504 Plan:	No (If "Yes", please provide some detail.) Yes (If "Yes", please provide some detail.)			
Behavioral Detail (If any of the following apply, please provide additional information.)				
In School Suspension(s):				
Out of School Suspension(s):				
Expulsion:				
Referrals to Outside Agency:				
Athletic Code Violation(s):				

Ethnicity & Racial Data (Please check at least one box in each category)				
Ethnic Image: Hispanic Categories Non-Hispanic or Latino	Racial American Indian or Alaska Native Asian White Categories Black or African American Native Hawaiian or Other Pacific Islander			

Parent Information: (Only 1 form needs to be completed for a family if all Parent Information is the same for all students)

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	First Name	Last Name	Home Phone	Parent Cell	
_	Street Address (if different)		City/State/Zip (if different)		
Mother	Employer's Name		Employer's Location		
	Occupation	Work Phone	Mother's En	nail Address	
	First Name	Last Name	Home Phone	Parent Cell	
	Street Address (if different)		City/State/Zip (if different)		
Father —	Employe	Employer's Name Employer's Lo		s Location	
	Occupation	Work Phone	Father's Email Address		
Other Guardian (Check all that apply)	First Name	Last Name	Home Phone	Cell Phone	
Step Father Step Mother	Street Address (if different) Employer Name & Location		City/State/Zip (if different)		
Foster Parent Grand Parent			Home Phone	Cell Phone	
Older Sibling Other	Occupation	Work Phone	Email Address		
Emergency Contact(s)	First Name	Last Name	Home Phone	Cell Phone	
(in the event a Parent or Guardian can't be reached)	First Name	Last Name	Home Phone	Cell Phone	
	Notice Reg	garding Sharing of Stu	dent Report		
			y, school personnel assur is and other information i		
Student Report/Access F report cards, etc		st any <u>parent</u> or <u>guardiar</u>	<u>n</u> named above that shou	ld NOT receive	

This information applies to the following students:



RELEASE OF STUDENT RECORDS REQUEST



I hereby authorize the School District of			_ to release to the		
School District of Birchwood the pupil records of:					
Students 's First Name	Initial	Last Name			
Previous School Name		Birth Date Last Grade Enrolled			
School Address (if known)	School Address (if known) City State				
 Please include the following records: Academic Progress - Grades, Attendance, Transcript, etc. Behavioral - Health, Standardized Tests, Psychological Tests, etc. 					
Parent/Guardian Signature: or School Official:					
Date:					



All student records should be sent to:

School District of Birchwood Attn: Student Records 300 SouthWilsonStreet Birchwood, WI 54817 Tel: 715-354-3471 FAX: 715-354-3469

