

**NORWALK-ONTARIO-WILTON SCHOOL DISTRICT**  
**STUDENT ENROLLMENT FORM 2016-17**  
**BROOKWOOD JUNIOR/SENIOR HIGH STUDENT DATA SHEET**

**(PLEASE PRINT) FOR NEW STUDENTS ONLY**

**NAME OF FORMER SCHOOL DISTRICT** \_\_\_\_\_

**ADDRESS OF FORMER SCHOOL** \_\_\_\_\_

**WI FIRST TIME ENROLLMENT**  **YES**  **NO** **WI ENTRY SCHOOL YEAR** \_\_\_\_\_ **SY**  
**WI ENTRY DATE** \_\_\_\_\_

**ENROLLMENT DATE (FIRST DAY STUDENT WILL ATTEND AT N-O-W SCHOOL DISTRICT)**  
\_\_\_\_\_

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We need a current Student Enrollment Form in our office at all times in case of an emergency for all our students. This form should be completed by a parent/guardian. Please return completed form to the high school office as soon as possible. **WE WOULD APPRECIATE BEING NOTIFIED WHEN ANY OF THIS INFORMATION HAS CHANGED.**  
**SCHOOLS ARE REQUIRED BY STATE LAW TO COLLECT THE FOLLOWING INFORMATION!**

Student's First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
(Student Legal Name As It Appears on Birth Certificate)

Grade \_\_\_\_\_ Grad Year \_\_\_\_\_ Homeroom \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Birth City \_\_\_\_\_ Birth State \_\_\_\_\_ Birth County \_\_\_\_\_ Birth Country \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_

Name of Parent/Guardian Where Student Resides \_\_\_\_\_

County Where Student Resides \_\_\_\_\_

Resident  Yes  No (If No, Please Complete) District Residence \_\_\_\_\_

**NAME OF FATHER/GUARDIAN** \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (If Different Than Above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Township/Village \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Street Address \_\_\_\_\_

Employer City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Extension \_\_\_\_\_ Work Shift \_\_\_\_\_

**NAME OF MOTHER/GUARDIAN** \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (If Different Than Above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Township/Village \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Street Address \_\_\_\_\_

Employer City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Extension \_\_\_\_\_ Work Shift \_\_\_\_\_

Special Education Needs  Yes  No

ESL Needs  Yes  No

Do We Have Permission to Release Your Child's Name to Various Organizations (Colleges, Recruiters, Etc.)?  
 Yes  No

**OVER PLEASE**

**Emergency Contact Information**

Contact Name (Not the Parent) \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relation to Student (Grandparent, Aunt, Uncle, Brother, Sister, Friend of Family, Pastor) \_\_\_\_\_  
Clinic/Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_  
Health Professional (Title) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_  
Special Health Concerns (Allergies, Asthma, Etc.) \_\_\_\_\_  
Permission to Give Tylenol/Ibuprofen \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
I Give Permission for My Child to Receive the Above Medication during the Current School Year as Directed

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*If I am Unable to be Contacted, I Hereby Give My Consent to the School Authorities to Take the Above Named Child to a Physician in Case of an Emergency or Serious Illness, Deemed so by School Authorities, and Give My Permission to the Physician to Perform Any Necessary Treatment on My Child.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Norwalk Ontario Wilton School District Policy  
District-Provided  
Access to Electronic Information, Services, and Networks**

Student Name (please print): \_\_\_\_\_

Parent or Guardian's Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Current Grade: \_\_\_\_\_

I understand and will abide by the responsibilities, behaviors and consequences defined in the Acceptable Use Policy (AUP) for the Wide Area Network and Internet access provided by the Norwalk Ontario Wilton School District. I further understand that any violation of the regulations (NOW School District, AUP, federal and state law) is a breach of this contract, unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked; school disciplinary action may be taken and/or appropriate legal action.

**Student User Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**If you are under the age of 18 a parent or guardian must also read this Acceptable Use Policy and sign this agreement.**

As the parent or guardian of this student I have read the Acceptable Use Policy for Internet and network access in this document, and **I want my student to have access to the network and the Internet.** I understand that this access is designed for educational purposes and the Norwalk Ontario Wilton School District has taken available precautions to eliminate controversial material. However, I also recognize it is impossible to restrict access to all controversial materials and I will not hold the Norwalk Ontario Wilton School District responsible for materials acquired on the network. I hereby give permission to allow individual access to the network for my child and certify that the information contained on this form is correct.

**Yes, I want my student to have access to the network and the Internet.**

**Parent Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

As the parent or guardian of this student I have read the Acceptable Use Policy for Internet and network access in this document. I understand that this access is designed for educational purposes and the Norwalk Ontario Wilton School District has taken available precautions to eliminate controversial material. However, **I do not want my child to have access to the Internet.** I am assured that my child will continue to have access to the network and programs residing within the NOW School District

**No, I do not want my child to have access to the Internet.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_