

NORWALK-ONTARIO-WILTON SCHOOL DISTRICT  
Norwalk-Ontario-Wilton Elementary School / Brookwood Junior and Senior High School

**STUDENT ENROLLMENT FORM**

PLEASE FILL OUT THIS BOX IF YOU ARE A **NEW STUDENT** ENTERING THE DISTRICT FROM ANOTHER DISTRICT

NAME OF FORMER SCHOOL DISTRICT: \_\_\_\_\_

ADDRESS OF FORMER SCHOOL DISTRICT: \_\_\_\_\_

FIRST TIME ENROLLING IN WISCONSIN? YES \_\_\_ NO \_\_\_

FIRST DAY STUDENT WILL BE ATTENDING SCHOOL (ENROLLMENT DATE) \_\_\_\_\_

A Student Enrollment Form is required to be filled out by a parent/guardian. If any information changes throughout the year, please contact the office immediately so the form can be updated. Please return this form as soon as possible to the office.

**Student's Name** as it appears on Birth Certificate:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

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

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

Gender \_\_\_\_\_ Race \_\_\_\_\_ Homeroom (for elementary use) \_\_\_\_\_

Name of Parent where student resides \_\_\_\_\_

County where student resides \_\_\_\_\_

School District where student resides \_\_\_\_\_

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

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

Mailing Address (IF DIFFERENT THAN ABOVE) \_\_\_\_\_

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

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

E-mail address \_\_\_\_\_

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 of \_\_\_\_\_

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

E-mail address \_\_\_\_\_

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**EMERGENCY CONTACT INFORMATION**

Contact Name (other than listed above) \_\_\_\_\_ Phone Number \_\_\_\_\_

Relation to Student (Grandparent, Aunt, Brother, Sister, Friend of Family, Pastor) \_\_\_\_\_

Clinic/Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_

Primary Physician \_\_\_\_\_

Permission to give Tylenol? Yes \_\_\_ No \_\_\_ Ibuprofen? Yes \_\_\_ No \_\_\_

**Special Education Needs?** Yes \_\_\_ No \_\_\_ **ESL Needs?** Yes \_\_\_ No \_\_\_

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 \_\_\_\_\_