

SCHOOL DISTRICT OF HILBERT

STUDENT I.D. #
Office Use Only

REGISTRATION FORM

NAME LAST FIRST MIDDLE GRADE ENTRANCE DATE
(FORMAL LEGAL NAME AS IT APPEARS ON YOUR BIRTH CERTIFICATE)

SCHOOL LAST ATTENDED CITY NA

DATE OF BIRTH PLACE OF BIRTH (CITY/STATE)
If outside of US, how many years in the US schools

GENDER: FEMALE MALE

ETHNICITY: 1. Is this student Hispanic or Latino? (Choose only one.) No, not Hispanic or Latino

Yes, Hispanic or Latino

2. Is this student? (Choose one or more. You must select at least one.)

WHITE AMERICAN INDIAN or ALASKAN NATIVE ASIAN

BLACK or AFRICAN AMERICAN NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

FATHER'S NAME MOTHER'S NAME

STUDENT RESIDES WITH: MOTHER FATHER BOTH OTHER

PRIMARY RESIDENCE PHONE

VILLAGE/TOWNSHIP

If both parents do not live at the above address, please indicate the other parent's address:

STREET CITY STATE ZIP PHONE

PARENT/GUARDIAN EMAIL ADDRESS:

FATHER'S OCCUPATION WORK PHONE

FATHER'S EMPLOYER CELL PHONE

MOTHER'S OCCUPATION WORK PHONE

MOTHER'S EMPLOYER CELL PHONE

NAMES AND AGES OF OTHER CHILDREN LIVING AT HOME:

AGE DOB

AGE DOB

AGE DOB

- OVER-

In an effort to comply with Wisconsin Department of Public Instruction regulations and to further help your child in his/her program needs, please complete the following questionnaire.

► Does your child have any DISABILITIES or HEALTH CONCERNS we should be aware of?

YES NO

If yes, please describe: _____

► Does your child have the following plan in place at previous school?

- Individual Educational Plan (IEP)
- 504 Plan
- ELL program
- Gifted and Talented

Student Home Language

1. Was the first language used by this student English?

Yes: Go to Question 2

No: Please complete Home Language Survey (HLS) Form.

2. When at home, does this student hear or use a language other than English more than half the time?

Yes: Please complete HLS Form.

No: Student is not eligible for ELP Screening. HLS is complete.

Parent Signature: _____ Date: _____

Part I: Ethnicity Designation

Is the person Hispanic or Latino? Must choose one.

- Hispanic or Latino *[If selected go to Question I-A]*
- Not Hispanic or Latino *[If no, go to Question Part II]*

Optional Question I-A: If Hispanic or Latino was chosen above, select all that apply from the list below:

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

Part II: Race Designation

Select one or more of the following categories that apply to this person:

- American Indian or Alaska Native *[If selected go to question II-A]*

Optional Question II-A: If chosen, select all that apply from the list below:

- Bad River Band
- Lac Courte Oreilles
- Oneida Nation (Wisconsin)
- St. Croix
- Other *Please select value form [Tribal Affiliation List](#)*
- Forest County
- Lac du Flambeau
- Red Cliff
- Stockbridge
- Ho-Chunk
- Menominee
- Sokaogon
- Brothertown

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- Asian *[If selected go to question II-B]*

Optional Question II-B: If chosen, select all that apply from the list below:

- Burmese
- Hmong
- Korean
- Unknown
- Chinese
- Indian
- Vietnamese
- Other
- Filipino
- Karen
- Decline to indicate

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- Black or African American *[If selected go to question II-C]*

Optional Question II-C: If chosen, select all that apply from the list below:

- African-American
- Liberian
- Decline to indicate
- Other
- Ethiopian-Oromo
- Nigerian
- Unknown
- Ethiopian-Other
- Somali

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- Native Hawaiian or Other Pacific Islander

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- White
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