

**WATERTOWN SCHOOL DISTRICT #14-4  
(Grades PreK-6) Student Registration Information**

School \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
 (Last) (First) (Full Middle Name)

Address \_\_\_\_\_  
 (Street) (City) (County) (State) ( Zip)

Home Phone (Landline): \_\_\_\_\_ (if applicable)

Status of Parents: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Deceased (identify) \_\_\_\_\_

Please list any changes in family status this past year. (births, deaths, parent or guardian status) \_\_\_\_\_

***SIBLINGS: Please list siblings.***

Name (First, M.I., Last)	Date of Birth	Relationship to student	School status
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

***ADULTS: Please list all adults who live at the address listed above. (parents, guardians, other adults)***

Name (First, M.I., Last)	Relationship to Student	Date of Birth (if attended WSD)	Cell Phone	Work Phone
_____	_____	____/____/____	_____	_____
Place of Employment	Email Address			Active Military? Yes No
_____	_____			Yes No

Name (First, M.I., Last)	Relationship to Student	Date of Birth (if attended WSD)	Cell Phone	Work Phone
_____	_____	____/____/____	_____	_____
Place of Employment	Email Address			Active Military? Yes No
_____	_____			Yes No

Name (First, M.I., Last)	Relationship to Student	Date of Birth (if attended WSD)	Cell Phone	Work Phone
_____	_____	____/____/____	_____	_____
Place of Employment	Email Address			Active Military? Yes No
_____	_____			Yes No

***SECONDARY HOUSEHOLD: If we should send double mailings to another household, please indicate the information here.***

Name: (First, M.I., Last)	Relationship to student:	Date of Birth (if attended WSD)	Cell Phone	Work Phone
_____	_____	____/____/____	_____	_____
Address: _____ (Street) (City) (County) (State) ( Zip)				
Place of Employment	Email Address			Active Military? Yes No
_____	_____			Yes No

**COMPLETE INFORMATION ON THE BACK OF THIS FORM → → → →**

**ALTERNATE EMERGENCY:** In case of an emergency, the school will attempt to contact you to secure your assistance and care. Because you may not always be available, please list other persons available during school hours whom the school is authorized to contact so that your child may be given assistance.

Name: (First & Last)	Relationship to student:	Home Phone:	Cell Phone:	Work Phone:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**EDUCATION: (Please circle)**

Is your child on suspension or expulsion from a different school district? Yes / No  
Is your child open enrolled from another school district? Yes / No  
Do you live outside of the Watertown School District? Yes / No  
Does your child receive educational assistance or an IEP/504 plan? Yes / No  
If "yes" to any of the above questions, please explain:

\_\_\_\_\_

\_\_\_\_\_

**ETHNICITY: Circle one:**

**Is student Hispanic or Latino?** (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race) Yes / No

**RACE: Circle all that apply:** What is student's race? *Regardless of how you answered the first question, circle all that apply.*

1. **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
2. **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. **Black or African American** (A person having origins in any of the black racial groups of Africa.)
4. **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

**LANGUAGE:**

**A local school district may administer a home language survey to students enrolled in the district as the first screening process to identify students with limited English proficiency.**

1. What is the language most frequently spoken at home? \_\_\_\_\_
2. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
3. What language does your child most frequently speak at home? \_\_\_\_\_
4. What language do you most frequently speak to your child? \_\_\_\_\_
5. What language do you prefer the school communicate with you? \_\_\_\_\_
6. Did your family move to the district for agriculture related work/jobs? Yes / No

**PERMISSIONS:**

**I give permission for my child to attend: (Please circle)**

Field trips – Yes / No

School activities – Yes / No

To use photo for publication in local newspaper, newsletters, yearbook, or school website – Yes / No

**NEWSLETTER:** Our newsletter will be available on our website.

**➔ SIGNATURE of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_