

School Year: _____



ENROLLMENT APPLICATION

Office Use Only:

OI UI

Program Options:

*FdL HS Only _____ *1st Pres HS/4K _____ *NFdL HS Only _____ *PV HS Only _____
FdL HS/4K _____ FdL Combo _____ NFdL HS/4K _____ Berlin HS/4K _____
Ripon HS/4K _____

*4K alternate location yes no – If yes, location _____ AM or PM
Early Childhood yes no – If yes, location _____ AM or PM

Date Applied:

Date Accepted:

First day of attendance:

Staff Signature:

Child's Information:

First Name:

Middle Initial

Last Name:

Date of Birth:

Gender: Male Female

ID # _____

Language(s) Spoken: Primary: _____ Secondary: _____

English Speaking Ability: Very Well Well Not Well Not at all

Does the child speak English At home?: yes no

Child's Ethnicity: (must choose one) ...

Hispanic or Latino origin

Non-Hispanic or Non-Latino origin

Child's Race: (must choose one or more) ...

American Indian or Alaska Native

Asian

Biracial/Multiracial

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other _____

Primary Parent/Guardian Information:

First name: _____ **Last name:** _____

Date of birth: _____ **ID#** _____

Check one: Mother Stepmother Foster Mother Grandmother
 Father Stepfather Foster Father Grandfather

Resides with child: yes no Custody: Joint Full Visitation: yes no Parent in jail/prison: yes no Are you a court ordered legal guardian? yes no

Home phone: _____	Cell phone: _____ Consent to receive text messages <input type="checkbox"/> yes <input type="checkbox"/> no Carrier name: _____	Work phone: _____
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E-mail address: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County: Fond du Lac Green Lake Other: _____

Language(s) Spoken: Primary: _____ Secondary: _____
English Speaking Ability: Very Well Well Not Well Not at all

Ethnicity: (must choose one) ...
 Hispanic or Latino origin Non-Hispanic or Non-Latino origin

Race: (must choose one or more) ...
 American Indian or Alaska Native Black or African American
 Asian Native Hawaiian or Other Pacific Islander
 Biracial/Multiracia White
 Other _____

Highest level of education completed: (check one)
 no high school 11th grade High school graduate
 9th grade 12th grade (no diploma) Some college, Vocational, Associates degree
 10th grade GED Bachelors or Advanced degree

Employment Status:
 Employed, Full-time In School/Job Training Full-time Disabled
 Employed, Part-time In School/Job Training Part-time Retired
 Unemployed Not in School/Job Training Self-Employed
 Homemaker Active Member of US Military

Secondary Parent/Guardian Information:

First name: _____ **Last name:** _____

Date of birth: _____

Check one: Mother Stepmother Foster Mother Grandmother
 Father Stepfather Foster Father Grandfather other _____

Resides with child: yes no Custody: Joint Full Visitation: yes no Parent in jail/prison: yes no Are you a court ordered legal guardian? yes no

Home phone: _____	Cell phone: _____ Consent to receive text messages <input type="checkbox"/> yes <input type="checkbox"/> no Carrier name: _____	Work phone: _____
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E-mail address: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County: Fond du Lac Green Lake Other: _____

Language(s) Spoken: Primary: _____ Secondary: _____
English Speaking Ability: Very Well Well Not Well Not at all

Ethnicity: (must choose one) ...
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 Homemaker Active Member of US Military

Family / Household Information

Family Type: Two Parent Single Parent/Female Single Parent/Male

Housing:

Own Rent
 Homeless

Housing Type:

Apartment House Duplex Mobile home/trailer
 Shelter Other _____

List all OTHER persons living in the household:

Name: First Last	Date of Birth	Gender	Relationship to child	Ethnicity/Race

Does your family receive....

MA/Badgercare?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Public housing assistance?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Food stamps?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Section 8 <input type="checkbox"/> or Income based assistance <input type="checkbox"/>
Subsidized child care?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Energy program assistance?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
W-2?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	POCAN?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
WIC?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No

Is your child covered by any other insurance?

Health: Yes No
Dental: Yes No
Vision: Yes No

Has your child received any services such as:

Speech & Language therapy
 Birth to Three Early Childhood
 Counseling: Name of counselor _____

ALTERNATE / EMERGENCY CONTACT

Name: _____	Relationship to child: _____
Address: _____	Home phone: _____
_____	Cell phone: _____
Email: _____	Work phone: _____
Language spoken: _____	