



Enrolling in the Wauwatosa School District - Residents -

When and Where?

- **During the Current School Year**
Enrollment *for the next school year* are taken at the school.
(Example: 2019-20 is in session. You are registering for 2020-21;
Enroll at the school after January 1, 2020)
- **During the Current School Year**
Enrollments *for the current school year* are taken at the Fisher Administration Building, 12121 W. North Ave. Entrance is on North Ave.
(Example: 2019-20 is in session. You are registering for 2019-20.
Enroll at Fisher, 7:30 a.m.-3:00 p.m.)
- **During Summer (i.e., after the last day of school):**
Enrollments are taken at the Fisher Administration Building, 12121 W. North Ave. Entrance is on North Ave. 7:30 a.m.-3:00 p.m.
- **Wauwatosa STEM or Montessori School**
Applications are accepted in February for a limited time for the NEXT school year.
(Application period for the 2020-21 school year is February 3-21, 2020)
Wauwatosa STEM and Montessori school applications are processed by lottery.
- **Email or on-line enrollment is currently NOT available.**

What Do I Need To Bring To Enroll My Child?

You will need ALL of the following:

- **PROOF OF RESIDENCY**
2 items are required to prove residency. These items are absolutely necessary to complete any registration:
 1. A. If you **own** your home a Mortgage document OR property tax bill.
B. If you **rent** a current lease/rental agreement showing landlord's name and phone number.
AND
 2. Current utility bill (WE Energy or Water Bill) sent to your home **showing your name and address.**

If you reside with a Wauwatosa resident please call the office for more information.

AND

- **YOUR CHILD'S BIRTH CERTIFICATE** (original)
AND
- **YOUR CHILD'S IMMUNIZATION RECORD** (most up-to-date)

The **Wauwatosa School District** has a total student enrollment of approximately 7,200 students. The District has a neighborhood school system with nine traditional elementary schools, two elementary charter STEM schools and an elementary Montessori school. There are two middle schools and two high schools. The school district also operates school programs at four institutions on the grounds of the Milwaukee County Regional Medical Center. Wauwatosa Virtual Academy Statewide also educates students in grades 6 through 12.

Enrollment Form (Please complete both front and back)

School	Student #:	<input type="checkbox"/> Wauwatosa Resident <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Intradistrict Transfer <input type="checkbox"/> Open Enrollment, Part time	
Wauwatosa Placement (Grade):	JK Parent Preference: <input type="checkbox"/> AM <input type="checkbox"/> PM Wrap-Around Care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Homeroom #	Instructor
Student Name: Legal Last		Legal First	Middle Initial
Street Address:			
City:		Zip Code:	Home Phone:
Where is the student currently living? <input type="checkbox"/> In permanent housing? (rent/lease/own) <input type="checkbox"/> Temporary (Check one of the boxes below please) {Please go to Ethnicity Section}			
<input type="checkbox"/> With another family or other person because of loss of housing or as a result of economic hardship (doubled-up) <input type="checkbox"/> In a shelter <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Car, park, bus, train, or campsite <input type="checkbox"/> Other temporary living situation (explain):			
Ethnicity: Part A: Is this student Hispanic/Latino? (Choose only one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino Part B: Is this student: (Choose one or more. You must select at least one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			
<input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: / /	Calendar Age	Student Lives With (check all that apply): <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other
Is either parent/guardian in active military duty? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent/Guardian 1/Head of Household			Relationship:
Last:		First:	Home Phone Number:
Address/City/Zip			Cell Phone Number:
Employer Name:		Occupation:	Work Phone Number:
E-mail address:			
Parent/Guardian 2			Relationship:
Last:		First:	Home Phone Number:
Address/City/Zip			Cell Phone Number:
Employer Name:		Occupation:	Work Phone Number:
E-mail address:			Extra Mailing Request Yes No
Parent/Guardian 3			Relationship:
Last:		First:	Home Phone Number:
Address/City/Zip			Cell Phone Number:
Employer Name:		Occupation:	Work Phone Number:
E-mail address:			Extra Mailing Request Yes No

Emergency Contacts (Other Than Parents):	Relationship to Child:	Telephone Number:
1.		Telephone Number:
2.		Telephone Number:
3.		Telephone Number:
Former Place of Residence (if transferring from another school):		Last Grade Attended:
Last School Attended:	Address	City/State Zip Code

Health information will be shared with necessary school staff. In the event of an emergency, school staff have permission to seek emergency care for my child: Yes No

Parent Signature _____ Date _____

Pediatrician/Family Physician: _____

Pediatrician/Family Physician Phone Number: _____

Please let school know of any special health concerns; list here or attach additional information

PLEASE LIST SIBLINGS CURRENTLY ATTENDING A WAUWATOSA SCHOOL (SAME HOUSEHOLD)

NAME:	SCHOOL:

FOR WAUWATOSA RESIDENTS ONLY: SIBLINGS NOT ATTENDING A WAUWATOSA PUBLIC SCHOOL		
NAME	DATE OF BIRTH	M/F

<p>Entrance date: ___/___/___ Received by: _____</p> <p><input type="checkbox"/> Birth Certificate (Verify Information)</p> <p><input type="checkbox"/> Proof of Residency (Copies made)</p> <p>School Records:</p> <p><input type="checkbox"/> Requested</p> <p><input type="checkbox"/> Received</p> <p>Immunization Record/Waiver form received?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Entered into Infinite Campus by: _____</p>	<p>Elementary School:</p> <p>Middle School:</p> <p>High School:</p>
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Special Education Screening

Student Name Last	First	Middle Initial
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Wauwatosa School	Date of Enrollment: (for Office use)
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Children with disabilities are entitled to a free appropriate public education under state and federal law and school district policy. In order to identify children entering the school district who may have a disability and require special education and related services, please complete the following questions. Return this form to the school office with the general school enrollment form.

I do not suspect my child has a disability.

I suspect my child may have a disability in the following area(s):

- | | |
|--|---|
| <input type="checkbox"/> Autism/Autism Spectrum Disorder | <input type="checkbox"/> Cognitive Disabilities |
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Speech / Language |
| <input type="checkbox"/> Emotional Behavioral Disabilities | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Other Health Impairment | |

If you reported that your child may have a disability but has not yet been evaluated, a school staff member will contact you to discuss your child's educational needs.

My child was evaluated in the _____ School District, and received one or more of the following services:

- | | |
|--|---|
| <input type="checkbox"/> Autism/Autism Spectrum Disorder | <input type="checkbox"/> Cognitive Disabilities |
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Speech / Language |
| <input type="checkbox"/> Emotional Behavioral Disabilities | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Other Health Impairment | |

If known, date services began _____.

Please provide a copy of the current Individualized Education Plan (IEP) and Evaluation if you have one.

If you provided a copy of your child's IEP the child will be placed appropriately. If you do not have a copy your child will be monitored until the district has an opportunity to review the student's records when they are received from the previous district.

The Wauwatosa School District is committed to providing students with disabilities a free, appropriate public education. Special education and related services for students with disabilities are provided in each school in accordance with state and federal law. Collection of this information is part of the school district's child find efforts required by federal and state law.

Parent Signature _____

Date _____

School administrative assistant: please forward this form to your principal and SAT if the child may have a disability. Forward this form to Student Services if child was evaluated and receiving services in his/her previous school.



**Wauwatosa School District
Home Language Survey & ELL
Enrollment/Referral Application**

- Office
- Copy in Student file
- Copy to ELL teacher

A. To be completed by Parent (please print)			Date / /	
Student Legal Name Last		First		Middle Initial
Birthplace		Date of Birth	Date Entered USA (If applicable)	
Parent/Guardian Name(s)				
Address			Zip Code	
Home Phone			Work Phone	
District Enrollment Date		School		Grade
Previous School if applicable		Location		Grade
First Year in US School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered US Schools	City/State		
Native Language: What is the language or dialect first learned by child or first used by parent/guardian with child?				
Has your child received ELL services at his/her previous school(s)?				
What is the primary language used in the home regardless of the language spoken by the student?				
What is the language most often spoken by the student?				
What is the language the student first acquired?				
How long has your child had English Language Learner (ELL) services, if any? (please check one)				
<input type="checkbox"/> None	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 4-6 years	<input type="checkbox"/> 6+ years	
Please list student's siblings' names and ages:				
Would you prefer written communication in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No				
			Spanish <input type="checkbox"/> Other <input type="checkbox"/>	
Parent/Guardian's signature				Date
B. To be completed by ELL Teacher/Coordinator				
WIDA Screener/WAPT for Kindergarten			English Proficiency Level per DPI	
Date ELL services began				
ELL Teacher Signature				Date



WAUWATOSA SCHOOL DISTRICT
•Your Educational Community•

SUPPLEMENT TO SCHOOL ENROLLMENT FORM

STUDENT _____

PREVIOUS SCHOOL DISTRICT _____

PREVIOUS SCHOOL _____

Please describe the circumstances under which this student left the previous school district:

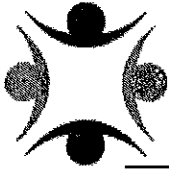
- _____ moved from the attendance area
- _____ moved from the community
- _____ chose to leave (private) school
- _____ asked to leave (private) school
- _____ expelled from a (Wisconsin public) school * (please complete page 2)
- _____ withdrew from a (Wisconsin public) school in lieu of possible expulsion action
*(please complete page 2)
- _____ became a participant in the inter or/intra district transfer program
- _____ OTHER (please describe)

If the student has been expelled from another public school district, the parent must meet with the school's principal/associate principal to learn what additional procedures must occur in order to consider admission to school.

NOTE: If it is determined upon receipt of student records that the above named student is in a period of expulsion from another school district under WI Stat 120.13 and this is not disclosed on this form, the Wauwatosa School District retains the right to immediately withdraw the student from school under the provisions of state law.

Parent or Adult Student Date

_____ Rcvd. By (initials of school district official)
_____ Date



WAUWATOSA SCHOOL DISTRICT
Your Educational Community

REQUEST FOR ADMISSION TO SCHOOL

***To be used by a student subject to an expulsion order from another school district.**

Name _____ Age _____

Address _____

Phone _____ Grade Level _____

Previous School Attended _____

Previous School District _____

GPA _____ Attendance Rate (approximate) _____

Please summarize past behavioral record in school (from student/parent viewpoint)

School applying to in Wauwatosa _____

Reason for expulsion from previous district _____

Any extenuating circumstances the district should be aware of?

Parent _____ Date _____

Parent _____ Date _____

Student _____ Date _____

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission.** The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions regarding immunizations, or how to complete this form contact your child's school or local health department.

PERSONAL DATA **PLEASE PRINT**

Step 1 Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ()	

IMMUNIZATION HISTORY

Step 2 List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, Tdap, or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below.					
Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)	Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B if YES, provide laboratory report(s)				

REQUIREMENTS

Step 3 Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4 **STUDENT MEETS ALL REQUIREMENTS**
 Sign at Step 5 and return this form to school.
 _____ Or _____

STUDENT DOES NOT MEET ALL REQUIREMENTS
 Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations _____

_____ SIGNATURE - Physician Date Signed

For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap, Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

SIGNATURE

Step 5 This form is complete and accurate to the best of my knowledge. Check one: (I do I do not) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

_____ SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed