

SCHOOL DISTRICT OF HUSTISFORD STUDENT REGISTRATION/EMERGENCY CARD

Student **Full** Legal Name _____ Grade: _____ Birth Date: _____
 Last First **Full** Middle Name (required)

Address: _____ P.O. Box _____ City: _____ State: _____ Zip: _____

Landline Phone (____) _____

Cell Phone #1: (____) _____ Name: _____ Cell Phone #2: (____) _____ Name: _____

Parent/Guardian E-mail: _____

Parent/Guardian E-mail: _____

BIRTH PLACE: City: _____ County: _____ State: _____ Gender (M/F): _____

Is student a migrant? Yes _____ No _____ Is student a U.S. Citizen? Yes _____ No _____

Ethnic Data: Are you Hispanic or Latino? (Select only one) No, not Hispanic or Latino _____ Yes, Hispanic or Latino _____
 Select all of the following categories that apply to you: (You **must** select at least one of the following.) White _____ Asian _____
 Black or African American _____ Native Hawaiian or Other Pacific Islander _____ American Indian or Alaska Native _____

Father/Guardian: _____ Work Place: _____ Time: _____ Phone: _____

Mother/Guardian: _____ Work Place: _____ Time: _____ Phone: _____

Stepparent: _____ Work Place: _____ Time: _____ Phone: _____

Student resides with: Both Parents _____ Mother _____ Father _____ Stepparent _____ Guardian _____

_____ I verify that my son/daughter has not been expelled from a previous school district pursuant to Section 120.13 (1) (f) of the Wisconsin Statutes.

_____ I understand and acknowledge that my failure to provide a true response to the above is grounds for expulsion of my son/daughter pursuant to Section 120.13 (1) (f) of the Wisconsin Statutes.

 Parent/Guardian Signature Date

(Please complete the reverse side also. Thank you.)

STUDENT EMERGENCY INFORMATION

OTHER EMERGENCY CONTACT: _____ PHONE #: _____

OTHER EMERGENCY CONTACT: _____ PHONE #: _____

Medical Condition(s)/Allergies: _____

SIBLINGS

Name (List all siblings, even those not school age)	Birth Date	Grade	School

Last School Attended: Hustisford School District _____ Other (Name/Location of School): _____

If emergency treatment is required, and we are unable to reach either parent/guardian or the other emergency contact person, I authorize school personnel to call 911. I understand the expenses incurred for emergency treatment and/or transportation is the responsibility of the parent.

The information provided on both sides of this form is correct to the best of my knowledge.

 Parent/Guardian Signature Date

The Hustisford School District does not discriminate on the basis of age, race, color, national origin, ancestry, religion, creed, pregnancy, marital or parental status, gender, sexual orientation (including transgender status, change of sex or gender identity), homelessness status, physical, emotional, or learning disability/handicap, in its curricular, career and technical education programs, co-curricular programs, student services, recreational or other programs and activities, or in admissions or access to programs or activities offered by the school district.

All career and technical education opportunities are offered on a nondiscriminatory basis and are open to all students in the Hustisford School District. These programs include offerings in business education, technical education, and family and consumer education.

The Hustisford School District will make reasonable accommodation of a student's sincerely held religious beliefs with regard to academic requirements. The Superintendent of Schools may be contacted regarding non-discrimination issues. He/she can be reached at: Superintendent of Schools, Hustisford School District, 845 South Lake Street, Hustisford, WI 53034 (920-349-8109). (School Board Policies - 1422, 2260, 3122, & 4122)