

**Elcho School District**  
Permission to Obtain and Release Information

I, the undersigned, hereby request and authorize:      Elcho School District  
P.O. Box 800  
Elcho, WI 54428  
Phone: 715-275-3225      Fax: 715-275-4388

☐ To obtain from,      School, agency or person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
the information which I have indicated for the student below:

Name of Student	Grade Level
_____	_____
_____	_____
_____	_____
_____	_____

☐ Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results.)

☐ Medical and/or related health records.

☐ Psychological evaluations or social work reports.

☐ Special education evaluations and reports, and IEP records.

☐ Others (specify) \_\_\_\_\_

This permission is valid for one year from the date signed. A copy of this form is as effective as the original.

\_\_\_\_\_  
Signature of Parent or Legal Guardian [please circle]

\_\_\_\_\_  
(Date)

A School District in which a student enrolls may request student records from a school the student last attended without a parent signature of approval. See "Protection of the Right and Privacy of Parents and Students." Section 438, Federal Statutes.

Student ID: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Primary Teacher: \_\_\_\_\_  
Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FOR OFFICE USE ONLY

## 2024-2025 School District of Elcho Student Enrollment Form

### **Student's Information:**

Student's Full Legal Name(As listed on Birth Certificate):

\_\_\_\_\_  
(First Name, Middle Name, Last Name)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Male / Female (Circle one) Place of  
Birth:(City/State) \_\_\_\_\_ (County) \_\_\_\_\_

Primary Language used:

### **Ethnicity (please select one):**

☐ Hispanic/Latino    ☐ Non-Hispanic/Latino

### **Race: (select all that apply, must select at least one):**

☐ American Indian/Alaska Native    Tribal Affiliation: \_\_\_\_\_

☐ Asian

☐ White

☐ Black/African American

☐ Native Hawaiian/Pacific Islander

☐ Other

### **Student's Home Information:**

Student's Residence (Primary Home Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Home Address Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student lives with (circle one): Mother /Father/ Both Parents/ Other: \_\_\_\_\_

Is there a custody order that affects this child? ☐ Yes    ☐ No If yes, please attach most recent copy of the order to this form

Will the student need bus transportation to and from school? ☐ Yes    ☐ No

**Parent/Guardian #1:**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Legal Guardian? ☐ Yes ☐ No

Address (if different than student's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different than student's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have access to the Internet? ☐ Yes ☐ No E-mail: \_\_\_\_\_

Primary Language: \_\_\_\_\_

**Phone Numbers:**

Home(\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ Text messages from District ☐ Yes ☐ No

Preferred Phone/Primary(Please circle one): Cell / Home / Work Employer

**Parent/Guardian #2:**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Legal Guardian? ☐ Yes ☐ No

Address (if different than student's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different than student's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have access to the Internet? ☐ Yes ☐ No E-mail: \_\_\_\_\_**Phone Numbers:**

Home(\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ Text messages from District ☐ Yes ☐ No

Preferred Phone/Primary(Please circle one): Cell / Home / Work Employer

**Other Children:**

List other members of your immediate household also living at this address:

Name:	Date of Birth:	Relationship to Student:	School Attending (if applicable):

**Emergency Contact:** (Someone who is able to pick up your child in your absence - must be 18 years old)

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Phone Numbers:**

Home(\_\_\_\_\_) \_\_\_\_\_ Work. (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ Text messages from District ☐ Yes ☐ No

Preferred Phone/Primary(Please circle one): Cell / Home / Work Employer

**Parent(s) in Military:**

If applicable, please circle accurate statement

1. Either parent or guardian is on active duty in military
2. Either parent or guardian is a traditional member of the Guard or Reserve
3. Either parent or guardian is a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32

**Automated Phone System:**

The Elcho School District uses an automated phone system to communicate with parents. If you wish to opt-out of messages please initial here \_\_\_\_\_. Do not initial unless you agree to the statement below!

By initialing, I am acknowledging that I may miss important information sent by the Elcho School including school closures and emergencies.

**Medical/Health Information:**

The following information about your child will help us in the event of an emergency.

Will your child need to take medication during school hours: ☐ Yes ☐ No \*If yes, a completed Prescription or Non-Prescription authorization form is required

Medical Conditions (Check any/all that apply): ☐ Diabetes ☐ Asthma ☐ Epilepsy ☐ Heart Disease ☐ ADD/ADHD ☐ Vision/Hearing ☐ Other \_\_\_\_\_

Medication (indicate whether home or school use, including inhalers)

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Allergies (\*food, insect, medication, etc.) \_\_\_\_\_

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Doctor: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

If there is an emergency and we are not able to contact you, may the school authorities use their own judgment in calling for medical assistance? ☐ Yes ☐ No

All immunization records must be provided within 30 days of enrollment

**Previous School Information (if applicable):**

Last school (or district) this student attended: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Counselor and/or Principal: \_\_\_\_\_

Has this student ever been expelled? ☐ Yes ☐ No

Is this student under an expulsion order at this time? ☐ Yes ☐ No

Does this student currently receive Special Education or 504 Services? ☐ Yes ☐ No

I agree that the information provided herein is complete and accurate. I understand that this information is being used by the school district for the purposes of registering my child. I agree to promptly inform the school district of any changes in this information, including any changes in the residency of my child.

\_\_\_\_\_  
Parent/Guardian Name (Print) Date

\_\_\_\_\_  
Signature of Parent/Guardian Date