

**Enrollment Form**

Rev. 1/10/18



**2018 - 2019**  
**Oak Creek-Franklin Joint School District**  
 BUILDING SUCCESSFUL FUTURES TOGETHER

OFFICE USE:

Student Number: \_\_\_\_\_

<input type="checkbox"/> 4K	<input type="checkbox"/> CH	<input type="checkbox"/> DF	<input type="checkbox"/> CAR
<input type="checkbox"/> FR	<input type="checkbox"/> MV	<input type="checkbox"/> EW	<input type="checkbox"/> SH
<input type="checkbox"/> EMS	<input type="checkbox"/> WMS	<input type="checkbox"/> OCHS	

**Student Information**

Student's Legal Last Name:	Student's Legal First Name:	Student's Middle Name:

Ethnicity/Race (Answer Both Parts)	Birthdate:	Gender:	Grade:	Oak Creek-Franklin Joint School District Resident
1. Is the student Hispanic or Latino? <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Is the student (choose one or more) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Birthplace Information (Required): City _____ State _____ County _____ If Birthplace other than US: _____ Date entered U.S.: _____ Date 1st in US School: _____ Country _____ / _____ / _____		
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Student Lives With:  Both Parents  Mother Only  Father Only  Both Parents (alternately)  Parent/Step-Parent  
 Foster\*  Relative\*  Legal Guardian\* \*Guardianship Papers Required

Are the student's parents residing in the same household?  Yes  No

If no, is there a court order designating responsibility for decisions about the student's education?\*  Yes  No \*If yes, COURT DOCUMENTATION REQUIRED

If you are NOT the child's parent, are you the legal guardian per a court order?\*  Yes  No \*If yes, COURT DOCUMENTATION REQUIRED

**PRIMARY RESIDENCE (Used to Determine Residency)**

Primary Residence Street Address:	City:	State:	Zip Code:

Parent/Guardian Last Name:	First Name:	Middle Name:	Relationship to Student:
			<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Other

Email Address:	Home Phone:	Cell Phone:	Work Phone:

Parent/Guardian Last Name:	First Name:	Middle Name:	Relationship to Student:
			<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Other

Email Address:	Home Phone:	Cell Phone:	Work Phone:

**SECONDARY HOUSEHOLD (Used for communication to another parent/guardian)**

Secondary Residence Street Address:	City:	State:	Zip Code:

Parent/Guardian Last Name:	First Name:	Middle Name:	Relationship to Student:
			<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Other

Email Address:	Home Phone:	Cell Phone:	Work Phone:

Parent/Guardian Last Name:	First Name:	Middle Name:	Relationship to Student:
			<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Other

Email Address:	Home Phone:	Cell Phone:	Work Phone:

For office use only:	Start Date: ____/____/____
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New Enrollment Identification Check _____ (Initials)	Enrollment Entry/Tracker: <input type="checkbox"/> All IC Demographics <input type="checkbox"/> Immunizations	<input type="checkbox"/> Med/Nurse email <input type="checkbox"/> Fees (n/a HS) <input type="checkbox"/> Enroll Group Email <input type="checkbox"/> Transportation Notify Email	Y/N -Special Ed. Y/N -504 Y/N -Family Lang Survey
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**CHILDREN LIVING IN SAME HOUSEHOLD/Same Guardians (Birth to age 21 who have not graduated) Pg. 2**

Sibling Last Name:	Sibling First Name:	Gender	Birthdate	Grade:	School (if applicable):
		(m) (f)			
		(m) (f)			
		(m) (f)			
		(m) (f)			

**EMERGENCY CONTACTS (Other local contacts- in case parents cannot be reached)**

Last Name:	First Name:	Relationship to Child:	Telephone Number:	Priority:

**PREVIOUS SCHOOL ENROLLMENT INFORMATION (Transfer from)**

Last School Attended:	Address:	City, State, Zip:	Date Last Attended:

In the past, did your student ever attend Oak Creek-Franklin Joint School District schools?  
 Yes  No **Date Last Attended:** \_\_\_\_\_

**STUDENT SERVICES**

Does your student have an Individualized Education Plan (IEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your student have a 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your student ever been retained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your student ever been expelled or pending expulsion?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, from which school? *\*Also, provide a copy of the expulsion order to proceed.*

HEALTH HISTORY	PRIMARY HOME LANGUAGE SURVEY
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Health Information: I understand the information on this form is given voluntarily. It will be compiled into a confidential medical information list and distributed to the appropriate school personnel for the health and safety of my child.

What is the primary language spoken at home for:

STUDENT	FAMILY
<input type="checkbox"/> English <input type="checkbox"/> Hmong	<input type="checkbox"/> English <input type="checkbox"/> Hmong
<input type="checkbox"/> Albanian <input type="checkbox"/> Polish	<input type="checkbox"/> Albanian <input type="checkbox"/> Polish
<input type="checkbox"/> Arabic <input type="checkbox"/> Punjabi	<input type="checkbox"/> Arabic <input type="checkbox"/> Punjabi
<input type="checkbox"/> Chinese <input type="checkbox"/> Spanish	<input type="checkbox"/> Chinese <input type="checkbox"/> Spanish
<input type="checkbox"/> German <input type="checkbox"/> Urdu	<input type="checkbox"/> German <input type="checkbox"/> Urdu
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____

Does your child have a chronic illness/disability:  Yes  No

Check all that apply:

<input type="checkbox"/> ADD/ADHD (Diagnosed)	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Seizures*
<input type="checkbox"/> Allergies*	<input type="checkbox"/> Diabetes*	<input type="checkbox"/> Vision
<input type="checkbox"/> Asthma*	<input type="checkbox"/> Hearing	<input type="checkbox"/> Other Illness/Disability

*\* Contact your school office. Additional forms may be needed.*

Please list allergies:

Please list other medical conditions or disabilities:

**MEDICAL CONCERNS/ALERT:**

Does your child take any medication?  Yes  No **Will your child take medication during the school day?**  Yes  No

List each medication and specify whether your child will take the medication at home or school:

\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

I verify the information above is correct and current. I will inform the school of any changes in this information.

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## Procedure for Policy 420 (3-Form): Proof of Residency



**Oak Creek-Franklin  
Joint School District**  
BUILDING SUCCESSFUL FUTURES TOGETHER

**Oak Creek Franklin Joint School District**

Working Together to Engage, Challenge, and Inspire  
Every Student, Every Day

### PROOF OF RESIDENCY

The following information explains the requirements for establishing proof of residency for persons interested in moving into the Oak Creek-Franklin District and having their children attend the Oak Creek-Franklin schools.

According to Wisconsin laws, only students who are legally residents of the Oak Creek-Franklin School District are entitled to attend Oak Creek-Franklin schools free of tuition. Violation of this policy through false pretense or misrepresentation will result in direct tuition costs relative to the current school year to the parent or guardian if residency is not established.

\*\*\*\*\*  
Please complete the following:

\_\_\_\_\_  
Student's Last Name                      First Name                      Date of Birth                      Grade

Student's district residence: \_\_\_\_\_  
Street

\_\_\_\_\_  
City                      State                      Primary Contact phone #

\_\_\_\_\_  
Parent/Guardian's Name                      Relationship

**"I certify that this student is a legal resident of Oak Creek-Franklin School District and that the information on this form is true and correct."**

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

\*If signed by legal guardian, copy of a court order verifying legal custody or foster placement must be attached to this form.

\*\*\*\*\*

<b>PROOF OF RESIDENCY PROVIDED:</b> The person with whom the student lives in the district and who claims custody of the student may be asked for up to three of the following:		**In certain situations, the District may require a completed <b>Attestation of Residence Form</b> or other completed forms, as the District deems appropriate.
1. Title evidence, mortgage papers, or lease agreement	6. Loan Payment book	
2. Utility Bill (Electric, Gas, Water)	7. Government issued proof of Identification (Driver's License, Wi State ID card, etc.)	
3. Homeowners or renters Insurance policy	8. Bank or other financial account statement sent to address	
4. Tax Bill	9. Health Insurance Card	
5. Current Voter Registration card	10. Permanent Resident Card (Green card)	
		Rev. 3/7/17

Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_



**Procedure for Policy 420 (6 - Form): Authorization For Exchange Of Information  
RECORDS REQUEST**

Student: \_\_\_\_\_  
(Last Name) (First Name)

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

In accordance with state statute 118.125, pupil records may be transferred from one school to another.

I hereby authorize the school listed to forward **all pupil records** concerning the above named student to the Oak Creek-Franklin Joint School District. Records Requested include: Education records, Directory information, Progress records, Behavioral records, etc.

PREVIOUS SCHOOL: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
[ ] Parent [ ] Legal Guardian [ ] Foster Parent [ ] School Agent

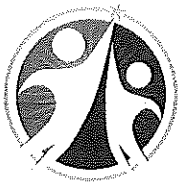
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For office use only

Send cumulative file records to the requesting school indicated below:

Date: _____ Sent by: _____ Notes: _____	<input type="checkbox"/> OCHS -HS Main (Grades 10-12) 340 E Puetz Rd Oak Creek, WI 53154 Ph: 414-768-6210 Fax: 414-768-6128	<input type="checkbox"/> OCHS -NGC (9th Grade Only) 340 E Puetz Rd Oak Creek, WI 53154 Ph: 414-570-3843 Fax: 414-762-5216
<input type="checkbox"/> East Middle School 9330 S Shepard Ave Oak Creek, WI 53154 Ph: 414-768-6260 Fax: 414-768-6207	<input type="checkbox"/> West Middle School 8401 S 13 St Oak Creek, WI 53154 Ph: 414-768-6250 Fax: 414-768-6296	<input type="checkbox"/> Carrollton Elementary 8965 S. Carrollton Drive Oak Creek, WI 53154 Ph: 414-768-6290 Fax: 414-768-6286
<input type="checkbox"/> Cedar Hills Elementary 2225 W Sycamore Ave Oak Creek, WI 53154 Ph: 414-761-3020 Fax: 414-761-6301	<input type="checkbox"/> Deerfield Elementary 3871 E Bluestem Dr Oak Creek, WI 53154 Ph: 414-768-6220 Fax: 414-768-6221	<input type="checkbox"/> Edgewood Elementary 8545 S Shepard Avenue Oak Creek, WI 53154 Ph: 414-768-6280 Fax: 414-768-6287
<input type="checkbox"/> Forest Ridge Elementary 2200 W. Drexel Avenue Oak Creek, WI 53154 Ph: 414-574-4050 Fax: 414-761-1025	<input type="checkbox"/> Meadowview Elementary 10420 S McGraw Dr Oak Creek, WI 53154 Ph: 414-768-6240 Fax: 414-768-6288	<input type="checkbox"/> Shepard Hills Elementary 9701 S Shepard Hills Dr Oak Creek, WI 53154 Ph: 414-768-6270 Fax: 414-768-6289

If applicable, send Special Ed only Records to:  
 OCFSD - Spec Ed Records  
7630 S. 10<sup>th</sup> Street Ph: 414-768-6164  
Oak Creek, WI 53154 Fax: 414-768-6172

**\*Please include** referral, consent to evaluate, Initial Evaluation with Consent to Place, and most recent Evaluation and most recent IEP.



# Oak Creek-Franklin Joint School District Procedure for Policy 342.7 (3 - Form): Family Language Survey

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
Please Print-(Last Name) (First Name)

Place of Birth: \_\_\_\_\_  
(City, County, or Country)

First School Attended in the USA:

School Name: \_\_\_\_\_ Year Attended: \_\_\_\_\_

City and State: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Language first heard by student:  English  Other \_\_\_\_\_
2. Language first spoken by student:  English  Other \_\_\_\_\_
3. Student's Primary Language:  English  Other \_\_\_\_\_

**[STOP HERE IF ENGLISH IS THE ONLY LANGUAGE SPOKEN AT HOME.]**

4. Parent/Guardian's Primary Language:  English  Other \_\_\_\_\_

5. Other languages spoken by Parent/Guardian/Caregiver:

\_\_\_\_\_

6. Language spoken at the Home:  English  Other \_\_\_\_\_

7. Language of reading materials in the Home:  English  Other \_\_\_\_\_

8. Is an Interpreter needed for conferences?  Yes  No

Survey completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

(The original copy of this document should be placed in the student's file at District Office, Attn: Kari Strasser. A copy should be forwarded to the ELL Teacher.)

The Wisconsin Department of Instruction requires school districts to identify students who have had significant exposure to a language other than English. The student may then be considered for eligibility in the ELL program. The placement in the program is determined by several factors, including a language screener, classroom observations, and prior academic experience. The ELL program provides instructional support for students in their classrooms and in small group settings.