

# ST. CROIX FALLS HIGH SCHOOL

## Student Registration Information

Registration Date: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(first) (middle) (last)

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Birth City: \_\_\_\_\_ Birth County: \_\_\_\_\_ Birth State: \_\_\_\_\_

Grade: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_ (race)

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Student lives with:

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parents are: married \_\_\_\_\_ divorced \_\_\_\_\_ separated: \_\_\_\_\_ single: \_\_\_\_\_

### Second mailing (if applicable, i.e. joint custody, non-custodial parent):

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### List other children in the family: (name, birth date, and gender.)

Name: \_\_\_\_\_ / / \_\_\_\_\_ Male Female

Name: \_\_\_\_\_ / / \_\_\_\_\_ Male Female

Name: \_\_\_\_\_ / / \_\_\_\_\_ Male Female

Name: \_\_\_\_\_ / / \_\_\_\_\_ Male Female

## SCHOOL RECORDS REQUEST

Previous School: \_\_\_\_\_

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

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

Fax Number: \_\_\_\_\_

Dear Registrar:

Would you please send us the complete records for the following student who enrolled in our school district on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please forward the cumulative records including:

1. Date of entrance and withdrawal.
2. Grades to date of transfer.
3. Key to your grading system.
4. Intelligence and achievement test results.
5. Health records.
6. Immunization records.
7. IEP . exceptional education records, if applicable.
8. Reading records.
9. Any other pertinent information.

In compliance with the State Law (Sec. 118.125, Wisconsin Statutes) we have received permission from the parents of the above listed child for the release of records to the St. Croix Falls Schools.

Sincerely,

**Shelley Skemp**  
High School Secretary

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I hereby give my permission to release the above records to the address listed below:

St. Croix Falls High School District  
P.O. Box 130  
St. Croix Falls, WI 54024

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(Parent or Guardian Signature)

(date)

Screening Checklist for New Students Enrolling in the  
School District of St. Croix Falls

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Admitting official complete checklist. Do not attach to permanent file.

This is only a checklist:

Yes	No	
_____	_____	Has your child required pervious special education, chapter 1, or counseling services?
_____	_____	Has your child ever been expelled from school?
_____	_____	Has your child had any behavior or social adjustment problems?
_____	_____	Has your child had any previous math or reading problems?
_____	_____	Has your child had any previous health or physical problems of concern to the school?

Summary:

\_\_\_\_\_ No anticipated exceptional educational needs at this time.

\_\_\_\_\_ Exceptional educational needs anticipated. Student will be referred to m-team.

\_\_\_\_\_  
(school official's signature) (date)

\_\_\_\_\_  
(parent or guardian's signature) (date)