

Black Hawk School District Enrollment/Emergency Information Form

Student's Full Legal Name: _____ Birth Date _____ Grade _____ Gender _____

First _____ Middle _____ Last _____
SSN _____ Home Phone _____ Bus Rider: Yes No

Address _____

Birthplace _____ / _____ / _____ / _____

City _____ County _____ State _____ Country _____

Primary Language _____ Other Languages Spoken in the home _____

Please Circle One: White Hispanic Black American/Alaskan Indian Asian Other _____

Household #1 _____ Both Parents _____ Mother Only _____ Father Only _____ Joint Custody _____ _____ Parent/Stepparent _____ Foster Home _____ Legal Guardian _____ Relative _____ Other _____	
Father _____ Name _____ E-mail Address _____ Employer _____	Stepfather _____ Guardian _____ Second Phone #: _____ Please Circle: Cell Pager Other Work Phone #: _____ Hours of Work: _____
Mother _____ Name _____ E-mail Address _____ Employer _____	Stepmother _____ Guardian _____ Second Phone #: _____ Please Circle: Cell Pager Other Work Phone #: _____ Hours of Work: _____

Household #2 _____ Both Parents _____ Mother Only _____ Father Only _____ Joint Custody _____ _____ Parent/Stepparent _____ Foster Home _____ Legal Guardian _____ Relative _____ Other _____	
Father _____ Name _____ E-mail Address _____ Address _____ Home Phone _____ Employer _____	Stepfather _____ Guardian _____ Second Phone #: _____ Please Circle: Cell Pager Other Receives Report Card: Yes No Work Phone #: _____ Receives Forms: Yes No Hours of Work: _____
Mother _____ Name _____ E-mail Address _____ Address _____ Home Phone _____ Employer _____	Stepmother _____ Guardian _____ Second Phone #: _____ Please Circle: Cell Pager Other Receives Report Card: Yes No Work Phone #: _____ Receives Forms: Yes No Hours of Work: _____

Siblings:

Name _____	Birthdate _____	Grade _____
Name _____	Birthdate _____	Grade _____
Name _____	Birthdate _____	Grade _____
Name _____	Birthdate _____	Grade _____

Please list emergency contacts in the case you cannot be reached: please remember that these are the individuals who may pick up your child from school if your child can no longer remain in school. These are the only individuals that the school may legally release your children to other than parents.

Name _____	Phone _____	City _____	Relationship _____
Name _____	Phone _____	City _____	Relationship _____
Name _____	Phone _____	City _____	Relationship _____
Name _____	Phone _____	City _____	Relationship _____

BLACK HAWK SCHOOL DISTRICT

202 E Center Street
South Wayne, WI 53587
(608)439-5371

STUDENT RECORDS RELEASE FORM

Student Name: _____ Birth Date: _____ Grade: _____

Parents' Names: _____

Address: _____
Street City State Zip Code

Transferring from School A:

Name of School/District

Street

City State Zip Cod

Transferring to School B:

BLACK HAWK SCHOOL DISTRICT

202 E. Center St.
South Wayne, WI 53587

Was the student enrolled in a special education program? Yes _____ No _____

I, the undersigned parent/guardian, give permission to the officials of School A to release and send progress reports, transcripts, test results, health records, psychological, and other pertinent reports regarding my child to School B.

I understand that this consent may be revoked by me at any time, except to the extent that action has already been taken in reliance thereon. This consent expires one (1) year from this date unless expressly revoked earlier. I hereby release you, as custodian of such records from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request for release of information or any attempt to comply with it.

Parent/Guardian Signature Date

Student (if 18 or older) Date