

**Oconomowoc Area School District  
Registration Form  
(Legal Name Must Be Used for Student and Parents)**

**Section I Student Information**

Student's Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ \*Home Phone (Required): \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ County: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Mail P.O. Box: \_\_\_\_\_ Mail Zip: \_\_\_\_\_  
 Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth County: \_\_\_\_\_  
 Birth Country: \_\_\_\_\_ Entry date into US: \_\_\_\_\_ Reentry date into US: \_\_\_\_\_  
 Start of school in US: \_\_\_\_\_ WI First Time Enrollment Date (if after kindergarten): \_\_\_\_\_  
 Primary Language Spoken: \_\_\_\_\_ Secondary Language Spoken: \_\_\_\_\_  
 Child resides with: (mark one)  Both Parents  Mother  Father  Guardian  Foster  Joint Custody

**Please answer Part 1 and Part 2.**

Part 1 Ethnic Background: Hispanic/Latino  Yes  No  
 Part 2 Race Background: *(Check all that apply)*  American Indian or Alaskan Native  Asian  Black  
 Native Hawaiian or Other Pacific Islander  White

**Section II Guardian Information**

**FAMILY 1 INFORMATION**

**Guardian Legal Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Relationship to Student:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**\*\*E-mail Address (Required):** \_\_\_\_\_ **Language Spoken:** \_\_\_\_\_  
**Guardian Legal Name Spouse:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Relationship to Student:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_ **Language Spoken:** \_\_\_\_\_

**FAMILY 2 INFORMATION**

**Guardian Legal Name:** \_\_\_\_\_ **\*Home Phone (Required):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Relationship to Student:** \_\_\_\_\_ **Language Spoken:** \_\_\_\_\_  
**\*\*E-mail Address (Required):** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Guardian Legal Name Spouse:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Relationship to Student:** \_\_\_\_\_ **Language Spoken:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

*A copy of all forms and reports will be supplied to Family 2 unless appropriate information is on file.*

**Section III Family Sibling Information**

(List siblings living in your home under the age of 22 who have not graduated)

Legal Name	Gender	Birthdate	Legal Name	Gender	Birthdate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\* This phone number is used for notifications.

\*\* This e-mail is used for notifications.



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**Section IV Emergency Information** (Do not use a parent name as an emergency contact, the parents/guardians are already the first contact).

Emergency Name:	Home Phone:	Work Phone:	Cell Phone:	Relationship to Student:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Section V Previous School Information** (If not OASD public school)

School Last Attended: \_\_\_\_\_

School Address and/or Phone and Fax: \_\_\_\_\_

Has your child been expelled from another school ?  Yes  No If Yes, where from? \_\_\_\_\_

The Oconomowoc Area School District provides assurance that no student is discriminated against because of the student's sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.

For Office  
Use Only:

**Birth Certificate Verification:** (New to the district)

Birth Certificate Verified

Legal Name Verified

Office Workers Initials: \_\_\_\_\_

Proof of Residency Verified

Date: \_\_\_\_\_