



2020 - 2021 SOLON SPRINGS SCHOOL NEW STUDENT REGISTRATION FORM



The Solon Springs District is committed to equal educational opportunity for all students in the District. It is the policy of Solon Springs Schools, pursuant to s. 118.13, Wis. Stats., and PI 9, that no person may be denied admission to any District school or be denied participation in, be denied the benefits of or be discriminated against in any curricular, extracurricular, pupil services, recreational or other program or activity because of the person's sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.

Solon Springs Elem. (PK-Gr. 5) Solon Springs Middle (Gr. 6-8) Solon Springs High (Gr. 9-12) Eagles' Wings Virtual Charter

Student Information:

First Name	Middle Name	Last Name	Today's Date
Physical Street Address		Birth Date	Age
Mailing Address (if different from above)		Home Phone	Student's Cell
City/State/Zip		Student's Email Address	
			<input type="checkbox"/> Female <input type="checkbox"/> Male

Busing Information (if applicable):

Distance to Home	Directions from School to Home			
Location for student to be picked up or dropped off if different than home address	First Name	Last Name	Address	Phone

Medical Information:

Physician	First Name		Last Name	
	City		Phone	
Dentist	First Name		Last Name	
	City		Phone	
Other Medical	First Name	Last Name	City	Phone
Medical Conditions <i>(Please list all that apply)</i>	Serious Illness	Allergies	Food Allergies	Prescriptions (Name)
Medical Plan(s) <i>(Please list any that apply)</i>	<i>Please list any specific directions or plans for Medical Conditions</i>			

Academic & Behavioral Background:

Academic & Extra Curricular Interests					
Favorite Subject(s)					
Least Favorite Subject(s):					
Hobby/Favorite Leisure Activity:					
Middle and High School Extra-Curricular Interests (Please place a √ in front of any that apply.)	Band	Choir	Forensics	Volleyball	Softball
	Football	X-Country	Basketball	Baseball	Track

Academic Assistance Background	
<i>(If student is receiving any of the following, please elaborate.)</i>	
Title I Help: <input type="checkbox"/> No <input type="checkbox"/> Yes	(If "Yes", please provide some detail.)
Speech/Language: <input type="checkbox"/> No <input type="checkbox"/> Yes	(If "Yes", please provide some detail.)
Special Education IEP: <input type="checkbox"/> No <input type="checkbox"/> Yes	(If "Yes", please provide some detail.)
504 Plan: <input type="checkbox"/> No <input type="checkbox"/> Yes	(If "Yes", please provide some detail.)
Behavioral Detail	
<i>(If any of the following apply, please provide additional information.)</i>	
In School Suspension(s):	
Out of School Suspension(s):	
Expulsion:	
Referrals to Outside Agency:	
Athletic Code Violation(s):	

Ethnicity & Racial Data	
<i>(Please check at least one box in each category)</i>	
<i>Ethnic Categories</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic or Latino	<i>Racial Categories</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

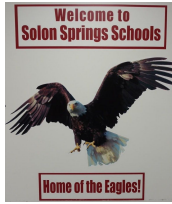
Parent Information: *(Only 1 form needs to be completed for a family if all Parent Information is the same for all students)*

This information applies to the following students:

Mother	First Name	Last Name	Home Phone	Parent Cell
	Street Address (if different)		City/State/Zip (if different)	
	Employer's Name		Employer's Location	
	Occupation	Work Phone	Mother's Email Address	
Father	First Name	Last Name	Home Phone	Parent Cell
	Street Address (if different)		City/State/Zip (if different)	
	Employer's Name		Employer's Location	
	Occupation	Work Phone	Father's Email Address	
Other Guardian <i>(Check all that apply)</i>	First Name	Last Name	Home Phone	Cell Phone
	Street Address (if different)		City/State/Zip (if different)	
	Employer Name & Location		Home Phone	Cell Phone
	Occupation	Work Phone	Email Address	
Emergency Contact(s) <i>(in the event a Parent or Guardian can't be reached)</i>	First Name	Last Name	Home Phone	Cell Phone
	First Name	Last Name	Home Phone	Cell Phone
<p><i>Notice Regarding Sharing of Student Report</i></p> <p><i>Unless the Principal or Guidance Counselor is informed differently, school personnel assume that each person listed as a Mother, Father or Guardian will receive report cards and other information that is routinely mailed out to homes.</i></p> <p><i>Student Report/Access Restrictions:</i> <i>Please list any <u>parent</u> or <u>guardian</u> named above that should NOT receive report cards, etc:</i></p> <p>Name(s):</p>				



RELEASE OF STUDENT RECORDS REQUEST



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I hereby authorize the School District of _____ to
release to the
School District of Solon Springs the pupil records of:

Students 's First Name	Initial	Last Name	
Previous School Name		Birth Date	Last Grade Enrolled
School Address (if known)	City		State

Please include the following records:

- Academic Progress – Grades, Attendance, Transcript, etc.
- Behavioral – Health, Standardized Tests, Psychological Tests, etc.

Parent/Guardian Signature:

or

School Official:

Date:

Solon Springs Vision:

"We are a caring community engaged in challenging each other to meet our highest potential."

All student records should be sent to: Ms. Linda Parker
School District of Solon Springs
8993 E Baldwin Avenue
Solon Springs, WI 54817
(Tel: 715-378-2263) - (FAX: 715-378-2073)