REGISTRATION/EMERGENCY FORM 2026-2027

School District of Bonduel

400 W Green Bay St. PO Box 310 Bonduel, WI 54107

For Office Use Only
○ **Proof of Residency**
○ **Birth Certificate**
○ **Legal Documents**

PRINT STUDENT'S LEGAL NAME

Last_____First_____Middle_____(Nickname)_____
Date of Birth_____/_____/_____ Age_____ Gender: Male ☐ Female ☐
City & State of Birth_____ County of Birth_____
School District *Family 1* Resides In_____
Grade Entering ☐ 3K ☐4K ☐5K ☐1st ☐2nd ☐ 3rd ☐4th ☐5th ☐6th ☐7th ☐ 8th ☐9th ☐10th ☐11th ☐12th

RACE/ETHNICITY

☐ White ☐ Hispanic/Latino ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Middle Eastern or North African ☐ Native Hawaiian or Other Pacific Islander

LANGUAGE(S) other than English spoken in the home: _____

PARENT/GUARDIAN INFORMATION – FAMILY 1 – PRIMARY GUARDIAN/S THIS STUDENT LIVES WITH

Last_____First_____Home/Cell: _____
Address: _____City_____State_____Zip_____
P.O Box _____ County _____Current Township _____
Relationship to student: ☐ Dad ☐ Mom ☐ Legal Guardian
Employer:_____City: _____Work Phone: _____
Home Email:_____Work Email: _____

Last_____First_____ Home/Cell: _____
Relationship to student: ☐ Dad ☐ Mom ☐ Stepdad ☐ Stepmom ☐ Guardian ☐ Other
Employer:_____City: _____Work Phone: _____
Home Email:_____Work Email: _____

Legal custody belongs to: ☐Both ☐Mother ☐Father

PARENT/GUARDIAN INFORMATION – FAMILY 2 – SPLIT HOUSEHOLDS – DIFFERENT ADDRESSES

Last_____First_____Home/Cell: _____
Address: _____City_____State_____Zip_____
P.O. Box _____ County _____Current Township _____
Relationship to student: ☐ Dad ☐ Mom ☐ Legal Guardian
Employer: _____City:_____Work Phone: _____
Home Email:_____Work Email: _____

Last_____First_____Home/Cell: _____
Relationship to student: ☐ Guardian ☐ Stepdad ☐ Stepmom ☐ Other
Employer:_____City: _____Work Phone: _____
Home Email:_____Work Email: _____

Is there a court order dealing with the custody or visitation of the enrolling student? ☐ Yes ☐ No
Is there a court order that would prohibit the school from releasing information to either parent ☐ Yes ☐ No
(The office will need a copy of all legal documents related to child custody information - prior to enrollment and/or start date)
Is the parent/guardian in the military? ☐ Yes ☐ No

MEDICAL/DENTAL INFORMATION

Medical Alerts: Please list any concerns which school personnel should be aware of: (examples are: allergy to bee stings, seizure disorders, asthma, diabetes). Please specify: _____

Medications:_____

Will this student be taking any prescribed medications at school? ☐ Yes ☐ No

If yes, a Medication Authorization/Consent form must be completed per medication.

Is there any other information about your child and /or family that the school needs to know?

Please explain: _____

Family Physician: _____Phone:_____City, State_____

Family Dentist: _____Phone:_____City, State_____

I hereby authorize school personnel to call a physician, dentist, or emergency vehicle if an emergency exists. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I understand that this information will be shared with all school personnel that need to know this information to protect the life and safety of said child.

I further authorize emergency treatment to be initiated at the medical facility to which my child is transported. I do hereby indemnify and hold harmless the physician, hospital and other persons who act in reliance upon this authorization.

PARENT/GUARDIAN SIGNATURE_____ **DATE**_____

EMERGENCY CONTACTS – Frequently when children become ill or injured, we find it difficult to reach parents or legal guardians for immediate action. Please list several alternate contacts that we can notify in the local area in case we are unable to reach either mother, father, or legal guardian.

(Do not include yourself, we will always contact you first)

Contact #1

Last name_____First name_____Phone#:_____

Address_____City_____State_____

Relationship to child: _____

Contact #2

Last name_____First name_____Phone#:_____

Address_____City_____State_____

Relationship to child: _____

WEB PUBLISHING CONSENT

☐ Yes, I give my permission to allow the use of pictures of student (still or video), student's work samples (including voice recordings), and student name to be published on the School District of Bonduel web site.

☐ No, I do not grant permission to allow the use of pictures of student (still or video), student's work samples (including voice recordings), and student name to be published on the School District of Bonduel web site.

EARLY DISMISSAL

In the event school is cancelled early, how will your child be going home?

☐ Ride Bus ☐ Walk home ☐ Pick up ☐ Other: please list_____

Office Use only:

Student #_____ WiseId_____Homeroom_____