



Riverdale School District Enrollment Form

Please supply the following information concerning your child. State name as indicated on birth certificate. If a nickname is used for child, please indicate in parenthesis.

Date Enrolled _____ Start Date _____ Child's Social Security Number _____

Child's Last Name _____ First Name _____ Middle Name _____

Place of Birth: City _____ County _____ State _____

Date of Birth: Month _____ Day _____ Year _____ Age _____ Grade _____

Sex: Male _____ Female _____ Home Telephone Number _____

Mother's Name _____ Place of Employment _____

Physical Address _____ Telephone at Work _____

Mailing Address _____ ext _____

City, State, Zip _____ Cell Phone Number _____

Father's Name _____ Place of Employment _____

Physical Address _____ Telephone at Work _____

Mailing Address _____ ext _____

City, State, Zip _____ Cell Phone Number _____

With whom does child reside: _____

Do you live in: Village _____ Township _____ (Township Name _____)

County: Grant _____ Iowa _____ Richland _____ Other _____

Family Email Address _____

Do School Officials have parents consent to call doctor in case of emergencies: Yes _____ No _____

Rank in Family: 1 2 3 4 5 6 7 8 9 No. Sisters _____ No. Brothers _____

Brothers: Names & Birthdates: _____

Sisters: Names & Birthdates: _____

Bus Driver, if known _____

(Turn page over)

Who should be contacted in case of an emergency if parents cannot be reached:

Name _____ Home Phone Number _____

Relationship to student _____ Work Phone Number _____

Name of Doctor _____ Address _____

Name of Dentist _____ Address _____

Name of Last School Attended _____

Address of Last School Attended _____

Has your child attended another Wisconsin school in the past? Yes _____ No _____

Is child in any special education program? If so, what: _____

Handicapped? Yes _____ No _____ If yes, how? _____

Race/Ethnicity – *Mandated by the Federal Government:*

Is child Hispanic or Latino? Yes _____ No _____

Please select **one** or **more** of the following categories that apply to your child:

White _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____

American Indian or Alaska Native _____ Asian _____

OFFICE USE ONLY:

Date Registration Fee Paid: _____

Teacher: _____ Date Records Sent for: _____

Student ID # _____ Signature of Person assigning ID # _____

_____ Skyward

_____ WISEid Export _____ WISEid Import _____ Sent to staff who needs #

_____ Sent to Staff & Dependable

_____ Sent to Library

_____ Sent to Lunch Personnel _____ Elem. Milk Sheet _____ Benefit Issuance List

_____ DC upload _____ DC download

_____ Mass assign e-mail notifications _____ Enter Locker # _____ Tylenol & Ibuprofen list