

NEW STUDENT ENROLLMENT FORM:
NORWALK-ONTARIO-WILTON SCHOOL DISTRICT

N-O-W Elementary School / Brookwood Junior & Senior High School

A Student Enrollment Form is required to be filled out by a parent/guardian. If any information changes throughout the year, please contact the office immediately so the form can be updated. Please turn this form in as soon as possible to the office.

STUDENT INFORMATION

Last Name		M.I.	First Name		Date of Birth / /
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Grade	Grad. Year	Student's Phone Number () -	
City of Birth	State	Country	County of Birth <input type="checkbox"/> Monroe <input type="checkbox"/> Vernon <input type="checkbox"/> _____		
Primary Street Address			City	State	Zip
Race Category: <input type="checkbox"/> American Indian / Alaskan Native (If yes, provide tribe affiliation): _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White					Hispanic/Latino Ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

First Time Enrolling in Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No		Start Date at N-O-W: ____/____/____
Name of Former School District	Address of Former School District	

Does your child have any Special Education Needs (IEP)? ☐ Yes ☐ No

FOR STUDENTS ENTERING 4-YEAR OLD KINDERGARTEN (4K):

Parent/Guardian(s) can request the days that they would prefer their child to attend school.

Administration will do their best to honor your request, but can't guarantee due to class sizes.

Please check one: <input type="checkbox"/> Mondays & Wednesdays <input type="checkbox"/> Tuesdays & Thursdays <input type="checkbox"/> No Preference / Either days are OK		
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LANGUAGE

Does your child have ELL/ESL (English as a Second Language) Needs? ☐ Yes ☐ No

Is English the first language used by this student? ☐ Yes ☐ No

At home, does this student hear/use a language other than English more than half of the time? ☐ Yes ☐ No

MILITARY

Is either parent/guardian on active duty in the military? ☐ Yes ☐ No

Is either parent/guardian a traditional member of the Guard or Reserve? ☐ Yes ☐ No

Is either parent/guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? ☐ Yes ☐ No

HOUSEHOLD(S) / EMERGENCY CONTACT**HOUSEHOLD 1 (PRIMARY):**

Guardian 1: Full Name	Primary Number () -	Secondary Number () -		
Relationship to Student	E-mail			
Guardian 2: Full Name	Primary Number () -	Secondary Number () -		
Relationship to Student	E-mail			
Street Address	P.O. Box	City	State	Zip

HOUSEHOLD 2 (SECONDARY):

Guardian 1: Full Name	Primary Number () -	Secondary Number () -		
Relationship to Student	E-mail			
Guardian 2: Full Name	Primary Number () -	Secondary Number () -		
Relationship to Student	E-mail			
Street Address	P.O. Box	City	State	Zip

EMERGENCY CONTACT: *(if guardians cannot be reached)*

Full Name	Primary Number () -	Work Number () -	Relationship to Student
Clinic/Hospital	Primary Physician	Location	

TRANSPORTATIONIs Transportation Needed for this Student? ☐ Yes ☐ No

Pick-Up Address			Drop-Off Address		
City	State	Zip	City	State	Zip

PARENT/GUARDIAN SIGNATURE

Parent/Guardian Signature	Date / /
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After the enrollment has been processed, you will be given a Skyward Family Access username and password and will be required to complete the "Online Registration" for this student. If you do not have access to the internet or a computer, please inform the office staff and they will assist you with completing the registration.