



# Port Edwards School District New Student Registration Form (8/9/2023)

Date of Enrollment \_\_\_\_\_ Grade \_\_\_\_\_

**Type of Enrollment**  Resident  Tuition Waiver  Open Enrollment from another district – District Name: \_\_\_\_\_

Legal Name \_\_\_\_\_ Gender  Female  Male  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (Zip)

Place of Birth \_\_\_\_\_ Birthdate \_\_\_\_\_ Bus Student?  Yes  No

## GUARDIAN INFORMATION

**Guardian 1:** \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Contact Order \_\_\_\_\_  
Employer/Occupation \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_ Emergency Contact  Yes  No

**Guardian 2:** \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Contact Order \_\_\_\_\_  
Employer/Occupation \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_ Emergency Contact  Yes  No

**Guardian 3:** \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Contact Order \_\_\_\_\_  
Employer/Occupation \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_ Emergency Contact  Yes  No

**Child living with (check all that apply):**  Guardian 1  Guardian 2  Guardian 3  Other \_\_\_\_\_

Special Circumstances \_\_\_\_\_

(i.e. divorced, separated, etc.)

**EMERGENCY CONTACTS— OTHER THAN GUARDIANS LISTED**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION**

School Previous Attended \_\_\_\_\_

School Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Has your child ever been expelled from a school district previously attended?  Yes  No

If yes, please state school name and reason for expulsion \_\_\_\_\_

**SPECIAL EDUCATION**

Does your child receive special education services?  Yes  No

If yes, please describe \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

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## RACE/ETHNICITY

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The U.S Department of Education requires all public schools to collect data on the race and ethnicity of all students and staff. Please answer the questions below.

### **Part I: Ethnicity Designation**

**Is the person Hispanic or Latino?** Must choose one.

- Hispanic or Latino *[If selected go to Question I-A]*  
 Not Hispanic or Latino *[If no, go to Question Part II]*
- 

**Optional Question I-A:** If Hispanic or Latino was chosen above, select all that apply from the list below:

- Columbian                       Ecuadorian                       Guatemalan  
 Mexican                               Puerto Rican                       Salvadoran  
 Spaniard/Spanish/Spanish-American                       Decline to indicate  
 Unknown                               Other
- 

### **Part II: Race Designation**

**Select one or more of the following categories that apply to this person:**

- American Indian or Alaska Native *[If selected go to question II-A]*
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**Optional Question II-A:** If chosen, select only one tribal affiliation

- Bad River Band                       Forest County                       Ho-Chunk  
 Lac Courte Oreilles                       Lac du Flambeau                       Menominee  
 Oneida Nation (Wisconsin)                       Red Cliff                       Sokaogon  
 St. Croix                               Stockbridge                       Brothertown  
 Other *Please select value from this [Tribal Affiliation List](#)* \_\_\_\_\_
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- Asian *[If selected go to question II-B]*
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**Optional Question II-B:** If chosen, select all that apply from the list below:

- Burmese                               Chinese                               Filipino  
 Hmong                               Indian                               Karen  
 Korean                               Vietnamese                               Decline to indicate  
 Unknown                               Other
- 

- Black or African American *[If selected go to question II-C]*
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**Optional Question II-C:** If chosen, select all that apply from the list below:

- African-American                       Ethiopian-Oromo                       Ethiopian-Other  
 Liberian                               Nigerian                               Somali  
 Decline to indicate                       Unknown  
 Other
- 

- Native Hawaiian or Other Pacific Islander
- 

- White



## The Wisconsin Home Language Survey

*This survey is given to all students enrolling in Wisconsin Schools.*

### **Purpose**

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed for your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of services offered to your child.

### **Student Information**

Date:		
First Name:	Middle Initial:	Last Name:
School Name:	Grade:	Date of Birth (mm/dd/yyyy):
District:		District ID:
Language(s) Used by the student:		

### **Parent/Guardian Information:**

First Name:
Last Name:
Relationship to Student:
First Name:
Last Name:
Relationship to Student:

### **Parental/Guardian Language Preferences Used for School Communication (may be multiple):**

Parental/Guardian Name: \_\_\_\_\_  
Oral: \_\_\_\_\_  
Written: \_\_\_\_\_

Parental/Guardian Name: \_\_\_\_\_  
Oral: \_\_\_\_\_  
Written: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## Section 1

1. Was the first language used by this student English?  
Yes: Go to Question 2.  
No: Go to Question 3.
2. When at home, does this student hear or use a language other than English more than half of the time?  
Yes: Go to Question 4.  
No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.
3. When at home, does this student hear or use a language other than English more than half of the time?  
Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.  
No: Go to Question 4.
4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?  
Yes: Administer ELP Screener. Record other language(s). HLS is complete. Go to Section 2.  
No: Go to Question 5.
5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?  
Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.  
No: Go to Question 6.
6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?  
Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.  
No: Go to Question 7.
7. Is this student a Native American, Native Alaskan, or Native Hawaiian?  
Yes: Go to Question 8.  
No: Go to Question 9.
8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?  
Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.  
No: Go to Question 9.
9. Has this student recently moved from another school district where they were identified as an English Learner?  
\*Yes: Rescreen the student if they meet the criteria for rescreening.  
No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

*\*See EL Policy Handbook Chapter 2. Otherwise, student's ELP should be carried over from the sending district.*

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## Section 2

HLS Result: **Screen** / **Do Not Screen** (circle one)