

**IOWA-GRANT SCHOOL DISTRICT
2017-2018 Registration Form for
Iowa-Grant Elementary/Middle School**

Student Information

Last Name:		Birth County:	
First Name:		Birth City:	
Middle Name:		Birth State:	
Birthdate:		Birth Certificate Viewed _____	<input type="checkbox"/> Office Staff Check (Attended WI School Prior To Enrollment At I-G-----Viewing Not Required)
Male/Female:		Entry Date:	
Township:		Grade Level:	
County:		Phone:	
Physical Address:		Mailing Address:	
City :		Mailing City :	
State :		Mailing State :	
Zip :		Mailing Zip:	
Is this student Hispanic or Latino? <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino			
Is this student: (Choose one or more. You must select at least one.)			
Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> White	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			

Guardian Information

Student Lives With : MOTHER FATHER BOTH OTHER: _____
(PLEASE CIRCLE ONE OR FILL IN OTHER)

If student lives with one parent, do you want copies of report cards, etc., sent to second parent? Yes No

Guardian 1

Guardian 2

First Name :	First Name :
Last Name :	Last Name :
Relationship :	Relationship :
Other Specify:	Other Specify:
Mailing Address :	Mailing Address:
City:	City :
State:	State:
Email :	Email :
Home Phone :	Home Phone :
Cell Phone :	Cell Phone :
Place of Work :	Place of Work :
Work Phone :	Work Phone :
Work City :	Work City :
Work Email :	Work Email :

-----Please complete reverse side-----

Guardian 3**Emergency Info**

(Please complete all information for our records)

First Name :		Emergency Contact 1 (first, last name):	
Last Name :		Home Phone:	
Relationship :		Work Phone:	
Other Specify:		Cell Phone:	
Mailing Address:		Emergency Contact 2 (first, last name):	
City :		Home Phone:	
State:		Work Phone :	
Zip:		Cell Phone:	
Email :			
Home Phone :		Doctor Name:	
Cell Phone :		Doctor Phone :	
Place of Work:		Dentist Name:	
Work Phone :		Dentist Phone :	
Work City :			
Work Email :			

**Previous School
Attended:** _____

Previous Special Education Involvement (please check all the apply):

- | | | |
|-----------------------------|--|----------------------------------|
| <input type="checkbox"/> LD | <input type="checkbox"/> TMR | <input type="checkbox"/> Vision |
| <input type="checkbox"/> ED | <input type="checkbox"/> Speech and Language | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> CD | <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Title 1 |
| <input type="checkbox"/> OT | <input type="checkbox"/> PT | |

Medical Alert (any known allergies, etc.): _____

For An Emergency, Transfer to Dodgeville or Platteville Hospital (Please circle one)

Receive Progress Reports/Report Cards Email Delivery or Paper Delivery

For Snow Related & Regular Early Release Location (IGEMS only) We will not be contacting parents.:

Parent/Guardian Signature

Date