

ARROWHEAD HIGH SCHOOL STUDENT ENROLLMENT AND INFORMATION FORM

Please Print All Information

Student Name (Last, First, Middle): _____ AHS Student ID#: _____

Date of Birth: _____ Grade: _____ Gender: _____ Date of Registration: _____

Residence Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

Home Phone: _____ Parent/Guardian E-Mail Address: _____

Previous School Attended: _____

US Citizen: YES _____ NO _____ Date Entered US: _____ Birth Country (If Not USA) _____

Please answer both of the following questions: Birth State (If Not WI) _____

1. Is this student Hispanic or Latino? (Please circle one) -Hispanic or Latino -Not Hispanic or Latino

2. Select one or more of the following categories that apply to this student. (Please circle)

-American Indian or Alaskan Native -Asian -Black or African American -Native Hawaiian or Other Pacific Islander -White

FATHER: _____

Address (if not the same as student): _____

Phone with area code: (H) _____ (C) _____ (W) _____

Employer: _____ Occupation: _____

MOTHER: _____

Address (if not the same as student): _____

Phone with area code: (H) _____ (C) _____ (W) _____

Employer: _____ Occupation: _____

GUARDIAN (if not parent): _____

Address (if not the same as student): _____

Phone with area code: (H) _____ (C) _____ (W) _____

Employer: _____ Occupation: _____

EXTRA MAILING OPTION: _____

Address (if not the same as student) _____

Phone with area code: (H) _____ (C) _____ (W) _____

EMERGENCY CONTACT PERSON (other than parent): _____

Relationship: _____ Emergency Contact Phone No: _____

If there is a language spoken at home other than English? _____

Has student ever been expelled from a school in Wisconsin? YES _____ NO _____ If YES, when? _____

Are you a First-time Arrowhead family? (No previous students at AHS) YES _____ NO _____

Other Household Members 21 years of age or younger living at the same address as child above:

<u>Siblings</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Age</u>	<u>School Status</u>
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SPECIAL EDUCATIONAL NEEDS:

Is this student currently receiving exceptional education services? YES _____ NO _____

(If YES, please check all that apply)

Learning Disabled (L.D.) _____ Emotionally & Behaviorally Disabled (E.B.D.) _____ Cognitively Disabled (C.D.) _____

Speech/Language Disabled (Sp/L) _____ 504 _____ Other Health Impairment (O.H.I.) _____

Other (Please Specify) _____

Parent/Guardian Signature: _____