



## New Student Enrollment: Application Form

[Save and Continue to Fill Out Application](#)[Save and go to Summary Page](#)[Print Application](#)

## Instructions for completing the student application

Answer the questions to progress through the application form. Click 'Save and Continue to Fill Out Application' to save your progress and stay on this screen. Click 'Save and go to Summary Page' to save summary page. Click 'Leave WITHOUT Saving' to return to the summary page without saving. **PLEASE USE ALL CAPITAL LETTERS WHEN COMPLETING APPLICATION.**

Asterisk (\*) denotes a required field Please Note: Only one step may be edited at a time

## Step 1: Student Information

[Edit](#)[View Only](#)[Save](#)[Save and Collapse Step](#)

\* Legal Last Name:  \* Legal First Name:  Middle Name:

Name Suffix:  Name Prefix:  \* Gender:

\* Date of Birth:  Age:  \* Birth City:  Birth State:

\* Birth Country:  Birth County:

\* Is Student Hispanic/Latino?:

\* Federal Race: ☐ American Indian or Alaska Native  
(select all that apply) ☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White

\* Language Spoken Most:

\* Home Language Survey: [\(Fill Out Home Language Survey\)](#)  
☐ Is either parent or guardian on active duty in the military?  
☐ Is either parent or guardian a traditional member of the Guard or Reserve?  
☐ Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?

## Technology at Home

Can the student access the internet on their primary learning device at home?

What is the primary type of internet service used at the residence?

Can the student stream a video on their primary learning device without interruption?

What device does the student most often use to complete school work at home?

Is the primary learning device a personal device or school-provided? Is the primary learning device shared with anyone else in the household?

Previous School District:  School in the District Student Previously Attended:

Enroll for the Current School Year if your student will be attending Marshfield School District for the 20XX-20XX school year. Enroll for the Next School Year if your student will be attending Marshfield School District for the 20XX-20XX school year.

\* What School Year are you enrolling your student into? ☒ Current School Year (20XX - 20XX) ☐ Next School Year (20XX - 20XX)

\* Expected Enrollment Date

☐ First Day of School

(The first day of school is 09/xx/20XX)

\* Expected Enrollment Date

\* Expected Grade Level  Expected School to Enroll into

\* Do you have internet access?:  \* Do you have a device to access eLearning material?:

☒ I authorize this student's information to be distributed for the purposes of Public usage

☒ I authorize this student's information to be distributed for the purposes of District usage

☒ I authorize this student's information to be distributed for the purposes of Local usage

Additional Information:  
(on the Student for the District)

Maximum characters: 5000, Remaining characters: 5000

[Complete Step 1 and move to Step 2: Family/Guardian Information](#)[Complete Step 1 Only](#)

**Step 2: Family/Guardian Information**

Edit

View Only

Collapse Step

**Enter Information for the Primary Guardian and the Family this Student lives with****Enter Information for the Family this Student lives with**\* Primary Phone:  ☐ Should the District keep this number confidential?\* Family Home Language: ☒ Print Hard Copy Report Cards

House #:  Direction:  Street Name:  SUD:  #:   
Home Address: P.O. Box:  Address 2:  City:  State:  Zip Code:   
☐ Should the District keep this address confidential? Township:

Mailing Address: (if different than home address) House #:  Direction:  Street Name:  SUD:  #:   
P.O. Box:  Address 2:  City:  State:  Zip Code:

**Enter Information for the Primary Guardian of the Family this Student lives with**\* Last Name:  \* First Name:  Middle Name: Name Suffix:  Name Prefix:  Date of Birth:  Gender: \* Relationship to Child: ☐ Does this guardian have custody of the child? ☐ Is this guardian allowed to pick up the student from school?Cell Phone:  Work Phone:  Contact Email Address: Employer: **Enter Information for a Guardian of the Family this Student lives with**\* Last Name:  \* First Name:  Middle Name: Name Suffix:  Name Prefix:  Date of Birth:  Gender: \* Relationship to Child: ☐ Does this guardian have custody of the child? ☐ Is this guardian allowed to pick up the student from school?Cell Phone:  Work Phone:  Contact Email Address: Employer: **Step 3: Medical/Dental Information**

Edit

View Only

Collapse Step

Physician Last Name:  Physician First Name:  Physician Middle Name: Name Suffix:  Name Prefix:  Physician Phone: Dentist Last Name:  Dentist First Name:  Dentist Middle Name: Name Suffix:  Name Prefix:  Dentist Phone: Hospital:  Hospital Phone: Insurance: 

Complete Step 3 and move to Step 4: Emergency Contact Information

Complete Step 3 Only

**Step 4: Emergency Contact Information**

Edit

View Only

Collapse Step

**Instructions for completing Emergency Contact Information**

Enter up to 3 Emergency Contacts who will assume temporary care of your child if you cannot be reached. Do not include yourself or other guardians. We will always contact you first.

**Do you have other Emergency Contacts to add for this student?**

Yes, I want to Add another Emergency Contact Record

No, Complete Step 4 and move to Step 5: Requested Documents

No, Complete Step 4 Only

**Step 5: Requested Documents**

Edit

View Only

Collapse Step

**Instructions for completing the Requested Documents**

Use the Browse buttons to locate a file to upload that corresponds to the description on the same line.

Birth Certificate:  No file chosenCourt Documents:  No file chosenImmunizations:  No file chosen

Complete Step 5 and move to Step 6: Additional District Forms

Complete Step 5 Only

## Step 6: Additional District Forms

[Edit](#)[View Only](#)

### Instructions for completing the Additional District Forms

Each button below links to an additional form that must be completed to be able to submit the student application.

Asterisk ( \* ) denotes a required form

\* Required Form:

[Special Needs Data](#)☐ This form

If your child has not ever attended school, please indicate non-applicable for previous school, city, and state. If your child is entering from home school, please list the last school attended or non-applicable.

\* Required Form:

[Request for Student Records](#)☐ This form

\* Required Form:

[2022-23 Student Health Information](#)☐ This form

\* Required Form:

[WIR Permission](#)☐ This form

Optional Form:

[Children of Divorced/Separated Parents](#)☐ This form

Please complete this form if your child will need to take any medication while your child is in school.

Optional Form:

[Medication Permission and Instructi](#)☐ This form

\* Required Form:

[Confidential Residence Screener](#)☐ This form

For school district staff to communicate with extended family, friends or caregivers about your child, you must give written permission. This includes stepparents, significant others, grandparents, daycare providers, friends who transport, etc. Please complete the form indicating whom you would like us to be able to share student information (attendance, transportation plans, academic progress, health needs, IEPs, etc.) This form must be completed yearly and can be revoked at any time.

Optional Form:

[2022-23 Family/Friend Permission to Share Information](#)☐ This form[Complete Step 6](#)[Submit Application to the District](#)

\* All steps must be Completed before an Application can be Submitted \*

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