

**REGISTRATION/EMERGENCY FORM 2024-2025**

School District of Bonduel

400 W. Green Bay St. • PO Box 310 • Bonduel, WI 54107

**PRINT STUDENT'S LEGAL NAME**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ (Nickname \_\_\_\_\_)  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Check One: Male \_\_\_\_\_ Female \_\_\_\_\_  
City & State of Birth \_\_\_\_\_ County of Birth \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Current Township \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_

**ETHNIC BACKGROUND** (Required by DPI) Circle One:

\_\_\_\_\_ White/Non-Hispanic (WNH) \_\_\_\_\_ Black/Non-Hispanic (BNH) \_\_\_\_\_ Alaskan Native/Indian-American (AIN)  
\_\_\_\_\_ Hispanic (HIS) \_\_\_\_\_ Asian/Pacific Islander (API) \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_

**LANGUAGE(S)** other than English spoken in the home: \_\_\_\_\_

**NAME/S OF PARENT/S OR GUARDIAN/S STUDENT IS LIVING WITH:**

1. Last \_\_\_\_\_ First \_\_\_\_\_  
Relationship (eg., mom, dad, step-mom, step-dad, legal guardian, etc.) \_\_\_\_\_  
Employer \_\_\_\_\_ City, State \_\_\_\_\_  
Work No. (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
**PARENT/GUARDIAN Home E-mail:** \_\_\_\_\_ **Work Email:** \_\_\_\_\_

2. Last \_\_\_\_\_ First \_\_\_\_\_  
Relationship (eg., mom, dad, step-mom, step-dad, legal guardian, etc.) \_\_\_\_\_  
Employer \_\_\_\_\_ City, State \_\_\_\_\_  
Work No. (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
**PARENT/GUARDIAN Home E-mail:** \_\_\_\_\_ **Work Email:** \_\_\_\_\_

Legal Custody belongs to: \_\_\_\_\_ Both \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

**PARENTS/GUARDIAN DIVORCED** - Name of Parent Child is **NOT** living with: (Release information: Yes \_\_\_\_\_ No \_\_\_\_\_)

Last \_\_\_\_\_ First \_\_\_\_\_  
Relationship (eg., mom, dad, step-mom, step-dad, legal guardian, etc.) \_\_\_\_\_  
Residence Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
**Parent/Guardian E-mail** \_\_\_\_\_

**FAMILY PHYSICIAN:** \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ City, State \_\_\_\_\_

**FAMILY DENTIST:** \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ City, State \_\_\_\_\_

**MEDICAL ALERTS:** Please list any concerns of which school personnel should be aware of: (e.g. allergy to bee stings, seizure disorders, diabetes). Please specify: \_\_\_\_\_

**Medications:** \_\_\_\_\_

Is there any other information about your child and/or family that the school needs to know (please explain): \_\_\_\_\_

**I hereby authorize** school personnel to call a physician, dentist, or emergency vehicle if an emergency exists. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I understand that this information will be shared with all school personnel that need to know this information to protect the life and safety of said child.

**I further authorize** emergency treatment to be initiated at the medical facility to which my child is transported. I do hereby indemnify and hold harmless the physician, hospital and other persons who act in reliance upon this authorization.

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

**(CONTINUED ON BACK)**

(Continued from front Page)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ (Nickname \_\_\_\_\_)  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Frequently when children become seriously ill or injured, we find it difficult to locate parents or legal guardians for immediate action. Please list several alternate contact/s that we can notify in the local area in case we are unable to reach either mother, father or legal guardian.

**ALTERNATE CONTACT/S:**

1. Last \_\_\_\_\_ First \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Residence Address \_\_\_\_\_ City, State \_\_\_\_\_  
Phone No. (\_\_\_\_) \_\_\_\_\_ Work No. (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

2. Last \_\_\_\_\_ First \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Residence Address \_\_\_\_\_ City, State \_\_\_\_\_  
Phone No. (\_\_\_\_) \_\_\_\_\_ Work No. (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**PLEASE PROVIDE PARENT AND GUARDIAN EMAIL ADDRESSES.**

**This will enable you to receive food service lunch balance alerts, automated information alerts from the School District, and easier communication between your child's teacher(s).**

**FOR OFFICE USE ONLY (fill in those which apply)**

Entry Date \_\_\_\_\_ Bus # \_\_\_\_\_ Mileage \_\_\_\_\_  
Locker \_\_\_\_\_ Homeroom \_\_\_\_\_ Check Township \_\_\_\_\_  
Date Entered into WiseData \_\_\_\_\_