

**NORWALK-ONTARIO-WILTON SCHOOL DISTRICT**  
**Norwalk-Ontario-Wilton Elementary School / Brookwood Junior and Senior High School**

**NEW STUDENT ENROLLMENT FORM**

NAME OF FORMER SCHOOL DISTRICT: \_\_\_\_\_  
ADDRESS OF FORMER SCHOOL DISTRICT: \_\_\_\_\_  
FIRST TIME ENROLLING IN WISCONSIN? YES \_\_\_\_ NO \_\_\_\_  
FIRST DAY STUDENT WILL BE ATTENDING SCHOOL AT N.O.W.: \_\_\_\_\_

A Student Enrollment Form is required to be filled out by a parent/guardian. If any information changes throughout the year, please contact the office immediately so the form can be updated. Please turn this form in as soon as possible to the office.

**Student's Name** as it appears on Birth Certificate:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Grad Year \_\_\_\_\_  
Birth City \_\_\_\_\_ Birth State \_\_\_\_\_ Birth County \_\_\_\_\_ Birth Country \_\_\_\_\_  
Gender \_\_\_\_\_ Race \_\_\_\_\_ Homeroom (for elementary use) \_\_\_\_\_

Name of Parent(s) where student resides \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ County where student resides \_\_\_\_\_  
School District where student resides (if other than N-O-W) \_\_\_\_\_

**NAME OF FATHER/GUARDIAN** \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Township/Village of \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone Number \_\_\_\_\_ Extension \_\_\_\_\_

**NAME OF MOTHER/GUARDIAN** \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Township/Village of \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone Number \_\_\_\_\_ Extension \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (other than listed above)

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship to Student \_\_\_\_\_  
Clinic/Hospital \_\_\_\_\_ Location \_\_\_\_\_  
Primary Physician \_\_\_\_\_

**Does your child have any Special Education Needs (IEP)?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Does your child have ESL Needs?** Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE TURN OVER TO COMPLETE →**

Was the first language used by this student English? Yes \_\_\_\_\_ No \_\_\_\_\_

When at home, does this student hear or use a language other than English more than half of the time?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is either parent or guardian on active duty in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

Is either parent or guardian a traditional member of the Guard or Reserve? Yes \_\_\_\_\_ No \_\_\_\_\_

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? Yes \_\_\_\_\_ No \_\_\_\_\_

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**For students entering 4-year-old kindergarten** – Parent/Guardian(s) can request the days that they would prefer their child to attend. Administration will do their best to honor your request, but can't guarantee due to class sizes. Please **circle your preference** as to what days you would prefer your child to attend:

|                                 |                                 |   |
|---------------------------------|---------------------------------|---|
| <b>Mondays &amp; Wednesdays</b> | <b>Tuesdays &amp; Thursdays</b> | <b>No Preference/Either days are ok</b> |
|---------------------------------|---------------------------------|---|

Pick-Up/Drop-Off Address if different from home address \_\_\_\_\_

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After the Enrollment Form has been processed, you will be given a Skyward Family Access username and password and will be required to complete the "Online Registration" for this student. If you do not have access to the internet or a computer, please inform the office staff and they will assist you with completing the registration.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_