



# School District of Somerset

Somerset, WI 54025

## Student Registration

Please contact the appropriate staff member (found in this packet) to set-up an appointment to enroll your child. During your visit you will need this registration document filled out as well as proof of your home address and a certified birth certificate (this is for verification purposes only and will not be kept).

Entering _____ Grade in 20__-20_____(School Year)    Grade Repeated _____		Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Student's Legal Name (first, middle, last): _____		
Address (street, city, zip code): _____ Telephone Number: _____		
Date of Birth: ____/____/____    Verification and Documentation of Date of Birth <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Verification</b> <b>Certified Birth Certificate</b> (original only/ no photocopies) Staff Initials: _____ <b>Proof of Residency</b> Staff Initials: _____
Place of Birth: _____(City, County, State, Country)		
<b>If your student was born outside of the U.S.:</b> What year did they begin attending a U.S. school? _____		
Resident of Somerset School District <input type="checkbox"/> Yes <input type="checkbox"/> No  Applied for Open Enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you been enrolled in any of these types of programs at your previous school?</b> <input type="checkbox"/> Special Education (LD, CD, EBD, S/L, OT/PT) <input type="checkbox"/> Honors/Accelerated/GT <input type="checkbox"/> Title I Reading/Math <input type="checkbox"/> Section 504 Accommodation Plan <input type="checkbox"/> Alternative School <input type="checkbox"/> Home School <input type="checkbox"/> ELL <input type="checkbox"/> Virtual Are there any other health or learning impairments that your child may have (list below)? This information will help with placement of your child.	
<b>Ethnic Category Information:</b> Please answer both questions below  1. Is this student Hispanic or Latino? ( <b>Check only one</b> ) <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino ( <b>Yes, or No, you must answer question 2</b> )  2. Is this student: ( <b>Choose one or more. You must select at least one</b> ) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black of African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<b>School Last Attended:</b> School Name: _____ Dates Attended: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private Address: _____ Phone Number: _____ Fax Number: _____ Have you been enrolled in the Somerset School District in the past: <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, when: _____		
<b>Please read, and then place your initials by each statement below:</b>  ___ I declare that my son/daughter has not been expelled or was under the process of expulsion, from a previous school district pursuant to Section 120.13(1)(f) of the Wisconsin Statutes. I understand and acknowledge that my failure to provide a true response to this statement is grounds for expulsion of my son/daughter, pursuant to Section 120.13(1)(f) of the Wisconsin Statutes. ___ I have the legal authority to enroll this child in school. The information provided on this form is true and accurate to the best of my knowledge.		
<b>☒ Parent/Guardian Signature:</b> _____		<b>Date:</b> _____
<b>Office Use Only:</b> Grade: _____ Student #: _____ Graduation Year: _____ Locker #: _____ Homeroom: _____ Records request sent <input type="checkbox"/> Send: <input type="checkbox"/> Lynn Harstad - Pupil Services (Student registration) <input type="checkbox"/> Michelle Mahler, District Office (Transportation form) <input type="checkbox"/> Dawn Spafford, MS Health Office (Census form) <input type="checkbox"/> Health Office (Student Emergency & Family Information)		



**School District of Somerset**  
 Somerset, WI 54025  
**Student Family Information**

Student Full Legal Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Are you living in temporary housing (circle one)? Yes No

Parents Marital Status (circle one): Married Single Divorced Widow(er)

If divorced, indicate custody (circle one): Sole Joint

If joint custody, do you request that both parents receive student information (circle one)? Yes No

**Parent/Guardian Residing with Student**

1. Legal Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

2. Legal Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Guardian Information/Second Mailing (50/50 or non-custodial parent)**

Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is there anyone not allowed access to student? If so, documentation is required. Name of person(s) not to have access to student and their relationship: \_\_\_\_\_



# New Enrollment Transportation Registration

Dear Parents:

In order to arrange the safest and most efficient student transportation, it is important for Somerset School District to identify students who will and will not use school bus transportation during the school year.

Somerset School District works closely with Safe-Way Bus Company to create suitable transportation for all District families.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student(s) will not need transportation at this time

## Transportation Needs

Student will ride to school: \_\_\_\_\_ Often \_\_\_\_\_ Occasionally \_\_\_\_\_ Backup Only \_\_\_\_\_ Never

Student will ride from school: \_\_\_\_\_ Often \_\_\_\_\_ Occasionally \_\_\_\_\_ Backup Only \_\_\_\_\_ Never

Pick up at: \_\_\_\_\_ Home \_\_\_\_\_ \*Other (provide address) \_\_\_\_\_

\*Please provide contact name and phone number \_\_\_\_\_

Drop off at: \_\_\_\_\_ Home \_\_\_\_\_ \*Other (provide address) \_\_\_\_\_

\*Please provide contact name and phone number \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Home Address \_\_\_\_\_ City: \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

To begin the school year, transportation details for students will be provided mid-August; all details will be made available for viewing through the Infinite Campus Parent Portal ONLY. Please contact your child's building secretary if you need assistance with your Infinite Campus access.

Changes: We ask that parents allow three days for changes to be made (new daycare; new address; no longer need transportation services, etc.), except in *emergency* situations. Please visit the Transportation page of the Somerset School District website to request changes via the online form, and for additional transportation information, including rules, guidelines, and current practices.



## Junior Kindergarten Transportation

Dear Parents:

In order to arrange the safest and most efficient bus routes as well as to design well-balanced classrooms, we need to identify students who will and will not use school bus transportation during the school year. While we aren't able to honor all requests for placement options, we do our best to accommodate families whenever possible. Many factors are considered when making placement decisions.

Please be specific about any and all transportation needs for your Junior Kindergarten student as transportation needs play a significant role in placement decisions. Feel free to write information on the back of this form if you feel that there is something that we need to know about your specific situation.

Student Name(s) \_\_\_\_\_

Student(s) will not need transportation for the upcoming School Year

### Transportation Needs

Student will ride to school: \_\_\_\_\_ Often \_\_\_\_\_ Occasionally \_\_\_\_\_ Backup Only \_\_\_\_\_ Never

Student will ride from school: \_\_\_\_\_ Often \_\_\_\_\_ Occasionally \_\_\_\_\_ Backup Only \_\_\_\_\_ Never

**IF MORNING PLACEMENT:** \_\_\_\_\_ AM Transport \_\_\_\_\_ Mid-Day Transport \_\_\_\_\_ PM Transport after JK Wrap

Pick up at: \_\_\_\_\_ Home \_\_\_\_\_ \*Other (provide address) \_\_\_\_\_

\*Please provide contact name and phone number \_\_\_\_\_

Drop off at: \_\_\_\_\_ Home \_\_\_\_\_ \*Other (provide address) \_\_\_\_\_

\*Please provide contact name and phone number \_\_\_\_\_

**IF AFTERNOON PLACEMENT:** \_\_\_\_\_ AM Transport to JK Wrap \_\_\_\_\_ Mid-Day Transport \_\_\_\_\_ PM Transport

Pick up at: \_\_\_\_\_ Home \_\_\_\_\_ \*Other (provide address) \_\_\_\_\_

\*Please provide contact name and phone number \_\_\_\_\_

Drop off at: \_\_\_\_\_ Home \_\_\_\_\_ \*Other (provide address) \_\_\_\_\_

\*Please provide contact name and phone number \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Home Address \_\_\_\_\_ City: \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Transportation details for students will be provided to as soon as the placement details are final – a target date for details has not yet been set. Please check in with the Elementary School Office to get instructions for access to the Infinite Campus Parent Portal once your child has been enrolled. All details will be made available for viewing through the Parent Portal. Please remember to contact the school as soon as possible if you know that you need to change your transportation arrangements (new daycare; new address; no longer need transportation services, etc.).



**SOMERSET SCHOOL DISTRICT**

**Transportation/Medical Request**

Somerset School District would like to share medical information regarding your child(ren) with Safe-Way Bus Company to ensure that drivers and dispatch are aware of medical issues that could arise while transporting your child(ren). Medical conditions may include allergic reactions, asthma, seizure disorders or diabetes. Please indicate your preference below:

\_\_\_\_\_ Yes, please share the medical information listed below with Safe-Way Bus Co.

\_\_\_\_\_ No, I request that Somerset School District not share medical information with Safe-Way Bus Co.

Medical information that you would like to share with Safe-Way Bus Co.:


My child wears a MedicAlert ID:

Yes

No

**\*Safe-Way Bus Co. will attempt to contact 911 in case of emergency**

Parent(s) Name: \_\_\_\_\_

Please list your child(ren):

Student (print) \_\_\_\_\_ Grade \_\_\_\_\_

Student (print) \_\_\_\_\_ Grade \_\_\_\_\_

Student (print) \_\_\_\_\_ Grade \_\_\_\_\_

Student (print) \_\_\_\_\_ Grade \_\_\_\_\_

Please have your child return this form to their school office or teacher. If you have any questions, please contact Michelle Mahler (715) 247-3313, Ext. 507, or Vicky Java at Safe-Way Bus Co. (715) 247-2090.



**School District of Somerset**

Somerset, WI 54025

**Request for Records**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School last attended: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Based on State Law, the information to be disclosed and exchanged consists of:**

- Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)
- Medical and/or related health records
- Psychological evaluations or social work reports *(if applicable)*
- Team evaluations and related reports *(if applicable)*
- Appropriate agency reports *(if applicable)*
- Individualized Education Program (IEP) *(if applicable)*

Others (specify): \_\_\_\_\_

**Authorization**

Pursuant to Wisconsin Statutes 118.125(4) Federal Regulations, Section 99.3 1/34 you are authorized to forward the above student's records (progress, health and behavioral) by this official notification of student's enrollment. Behavioral records include special education and discipline records.

We would appreciate a response if for some reason you cannot fulfill this request within the statutory required (5) school days.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (if 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_

**Forward Records to the Appropriate Location Listed Below**

- Somerset Elementary School** 635 Sunrise Drive Somerset, WI 54025  
Phone: 715-247-4848, Ext. 600 Fax: 715-247-3327  
Enrollment Contact: Lisa Hohler (lhohler@somerset.k12.wi.us)
- Somerset Middle School** 625 Sunrise Drive Somerset, WI 54025  
Phone: 715-247-4848, Ext. 300 Fax: 715-247-4437  
Enrollment Contact: Susan Richardson (srichardson@somerset.k12.wi.us)
- Somerset High School** 645 Sunrise Drive Somerset, WI 54025  
Phone: 715-247-3355, Ext. 201 Fax: 715-247-3864  
Enrollment Contact: Rochelle Lindquist (rlindquist@somerset.k12.wi.us)  
**(Fax or email Transcripts ASAP)**
- Somerset Pupil Services** Fax current **IEP** and most recent evaluation before sending file to 715-247-4437  
Phone: 715-247-4848, Ext. 571  
Enrollment Contact: Lynn Harstad (lharstad@somerset.k12.wi.us)



**School District of Somerset**  
 P.O. Box 100 Somerset, WI 54025  
**Census Information**

To All Somerset District Residents:

Every year, the Somerset School District is required by law to complete an annual school census (Wisconsin Statute 120.18). This census report assists the district in long-term planning for school facilities, programs, staff and busing.

Please list all children under the age of 21 (include infants and pre-school aged children, those attending private, public or are home schooled) living at the address you include below.

Name (first, middle, last)	Sex F = female M = male	Date of Birth (month, day, year)	Age

Please complete the information below:

Name: \_\_\_\_\_ Relationship to children: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to children: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Thank you for taking the time to complete this form. If you have any questions, please call (715) 247-4400 extension 330.



**School District of Somerset  
Somerset, WI 54025  
Home Language Survey**

**Student Name:** \_\_\_\_\_

**Name of person completing the survey:** \_\_\_\_\_

1. What language did the child learn when she/he first began to talk?

English       Other      Other Language(s): \_\_\_\_\_

2. What language does the family speak at home most of the time?

English       Other      Other Language(s): \_\_\_\_\_

3. What language does the parent(s) speak to her/his child most of the time?

English       Other      Other Language(s): \_\_\_\_\_

4. What language does the child speak to his /her parents(s) most of the time?

English       Other      Other Language(s): \_\_\_\_\_

5. What language does the child hear and understand in the home?

English       Other      Other Language(s): \_\_\_\_\_

6. What language does the child speak to her/his brothers/sisters most of the time?

English       Other      Other Language(s): \_\_\_\_\_

7. What language does the child speak to her/his friends most of the time?

English       Other      Other Language(s): \_\_\_\_\_

8. Can an adult family member or extended family member speak English?    Yes      No

9. Can an adult family member read English?      Yes      No

Name of family member: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do the parents/guardians request oral and/or written communication from the school to be in English (Circle from options below)?

Written      Yes      No

Oral      Yes      No

If no, in what language? \_\_\_\_\_





**School District of Somerset**

Somerset, WI 54025

**Contact Information**

---

**Somerset Elementary School**

635 Sunrise Drive

Somerset, WI 54025

Phone: (715) 247-3311

Fax: (715) 247-3327

**Principal:** Dr. Christopher Kamrath (ckamrath@somerset.k12.wi.us)

**Building Secretary:** Lisa Hohler (lhohler@somerset.k12.wi.us)

**Somerset Middle School**

625 Sunrise Drive

Somerset, WI 54025

Phone: (715) 247-4400

Fax: (715) 247-4437

**Principal:** Sara Eichten (seichten@somerset.k12.wi.us)

**Building Secretary:** Susan Richardson (srichardson@somerset.k12.wi.us)

**Somerset High School**

645 Sunrise Drive

Somerset, WI 54025

Phone: (715) 247-3355

Fax: (715) 247-3864

**Principal:** Shannon Donnelly (sdonnelly@somerset.k12.wi.us)

**Building Secretary:** Rochelle Lindquist (rlindquist@somerset.k12.wi.us)

**Pupil Services**

625 Sunrise Drive

Somerset, WI 54025

Phone: (715) 247-4400 extension 571

Fax: (715) 247- 4437

**Director of Pupil Services:** Abbiegail Bohatta (abohatta@somerset.k12.wi.us)

**Pupil Services Secretary:** Lynn Harstad (lharstad@somerset.k12.wi.us)