



2025-26 BIRCHWOOD SCHOOL NEW STUDENT REGISTRATION FORM

Birchwood Elem. (PK-Gr. 5) Birchwood Middle (Gr. 6-8) Birchwood High (Gr. 9-12) Birchwood Public
Montessori (PK-Gr. 6) Birchwood STEAM and Career Academy: BSCA (Gr.6-12) Bobcat Virtual
Academy (PK-Gr. 12)

Student Information:

First Name Middle Name Last Name			Today's Date		
Physical Street Address		Birth Date	Age	2025-26 Grade	
Mailing Address (if different from above)		Home Phone		Student's Cell	
City/State/Zip		Students Identification at Birth Female Male			

Busing Information (if applicable):

Distance to Home	Directions from School to Home			
Location for student to be picked up or dropped off if different than home address	First Name	Last Name	Address	Phone

Medical Information:

Physician	First Name	Last Name
	City	Phone

Dentist	First Name		Last Name	
	City		Phone	
Other Medical	First Name	Last Name	City	Phone
Medical Conditions (Please list all that apply)	Serious Illness	Allergies	Food Allergies	Prescriptions (Name)
Medical Plan(s) (Please list any that apply)	Please list any specific directions or plans for Medical Conditions			

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Academic & Behavioral Background:

Academic & Extra Curricular Interests

Favorite Subject(s)

Least Favorite Subject(s):

Hobby/Favorite Leisure Activity:

Middle and High School Extra-Curricular Interests

(Please place a ✓ in front of any that apply.)

Referrals to Outside Agency:

Athletic Code Violation(s):

..... Band Choir Newspaper Annual

FCCLA FBLA Forensics Drama Golf

.....Cheerleading

..... Volleyball Football Basketball

Softball Baseball

Title I Help: No Yes

Speech/Language: No Yes

Special Education: No Yes

504 Plan: No Yes

Academic Assistance Background

(If student is receiving any of the following, please elaborate.)

In School Suspension(s): Out of School Suspension(s):

Expulsion:

(If any of the following apply, please provide additional information.)

(If "Yes", please provide some detail.)

(If "Yes", please provide some detail.)

(If "Yes", please provide some detail.)

(If "Yes", please provide some detail.)

Ethnicity & Racial Data

(Please check at least one box in each category)

Behavioral Detail

Ethnic Categories	Hispanic <u>Non</u> -Hispanic or Latino Racial	Categories American Indian or Alaska Native Asian White	Black or African American Native Hawaiian or Other Pacific Islander
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Parent Information: (Only 1 form needs to be completed for a family if all Parent Information is the same for all students)

This information applies to the following students:

Mother Please Check: Active duty in military Service ___Yes ___No Active duty, deployed ___Yes ___No Branch _____	First Name	Last Name	Home Phone	Parent Cell
	Street Address (if different)		City/State/Zip (if different)	
	Employer's Name		Employer's Location	
	Occupation	Work Phone	Mother's Email Address	
Father Please Check: Active duty in military Service ___Yes ___No Active duty, deployed ___Yes ___No Branch _____	First Name	Last Name	Home Phone	Parent Cell
	Street Address (if different)		City/State/Zip (if different)	
	Employer's Name		Employer's Location	
	Occupation	Work Phone	Father's Email Address	
Other Guardian (Check all that apply)	First Name	Last Name	Home Phone	Cell Phone
	Street Address (if different)		City/State/Zip (if different)	

Step Father Step Mother Foster Parent Grand Parent Older Sibling Other	Employer Name & Location		Home Phone	Cell Phone
	Occupation	Work Phone	Email Address	
Other Household Members (Children Birth – 3 Years-Old)	First Name	Last Name	Date of Birth	Gender Male Female
	First Name	Last Name	Date of Birth	Gender Male Female



RELEASE OF STUDENT RECORDS REQUEST

I hereby authorize the School District of _____ to release to the School District of Birchwood the pupil records of:			
Students 's First Name	Initial	Last Name	
Previous School Name		Birth Date	Last Grade Enrolled

School Address (if known)	City	State
<p>Please include the following records:</p> <ul style="list-style-type: none"> • Academic Progress – Grades, Attendance, Transcript, etc. • Behavioral – Health, Standardized Tests, Psychological Tests, etc. • IEP's/504 Plans 		
<p>Parent/Guardian Signature:</p> <p>..... or</p> <p>School Official:</p> <p>Date:</p>		

All student records should be sent to:



School District of Birchwood

Attn: Student Records

300 South Wilson Street

Birchwood, WI 54817

Tel: 715-354-3471 FAX: 715-354-3469