



VERIFICATION OF STUDENT INFORMATION

ONLY complete for early learning students.

Student Legal Name: _____ M F Date of Birth: _____

Proof of Birth Viewed: YES NO N/A

Immunization Info Viewed: YES (please attach if available) NO N/A

Other – list: _____

CURRENT OR OLD ADDRESS

NEW ADDRESS

1. Address proof type:

- DRIVERS LICENSE
- CABLE BILL
- GAS/ELECTRIC BILL
- MEDICAL BILL
- TRASH BILL
- WATER BILL

- LEASE AGREEMENT
- INSURANCE DOCUMENTS
- MORTGAGE DOCUMENTS
- VERIFICATION OF SOCIAL SERVICES
- OTHER

2. If other, what type of document was it? _____

3. Whose name was on the proof? _____

Family Information - Please only list residents who are school age and living at the current/new address.

Responsible Adult(s) Name: _____ Relationship to Student: _____

Student Name/School: _____

Student Name/School: _____

Student Name/School: _____

Complete for ALL new students OR those who have a change.

Responsible Adult Signature: _____ Date: _____

By signing this form, I agree that the information given is accurate to the best of my knowledge and that I will update my child(ren)'s school or the Enrollment Office regarding any changes. I understand that any student found to have been fraudulently enrolled will be removed immediately.

FOR STAFF ONLY

EC4T COMMUNITY SITE - STAFF NAME:		DATE COMPLETED:
ECASD PERSONNEL - STAFF NAME:		DATE ENTERED:
PROOF ENTERED IN SKYWARD: YES / NO	SCHOOL PATH:	

*SCHOOL DISTRICTS "MUST GIVE FULL RIGHTS WITH REGARD TO PUPIL RECORDS TO EITHER PARENT, UNLESS THERE IS A COURT ORDER OR OTHER LEGALLY BINDING DOCUMENT RELATING TO DIVORCE, SEPARATION OR CUSTODY THAT SPECIFICALLY REVOKES THESE RIGHTS." (FROM: STUDENTS RECORDS AND CONFIDENTIALITY BULLETIN, WI DPI AUGUST 2006). FOR ASSISTANCE IN ANOTHER LANGUAGE Si Ud. necesita ayuda, por favor llame 715-852-3555, Yog koj xav tau neeg pag txhais cov lus nov, thov hu xov tooi rau call 715-852-3555.)