

Name of School SCHOOL DISTRICT OF SHOREWOOD address Shorewood, WI 53211 Phone #

ENROLLMENT REGISTRATION REQUIREMENTS COMPLETED BY THE PARENT

420 Exhibit (3)

Before a child can be enrolled within the Shorewood School District, the School District personnel must:

_____Verify the child's certified (raised seal) birth certificate or Passport if born outside the United States.

Receive a copy of the child's immunization record.

_____ Receive the completed School District of Shorewood New Student Information Sheet.

Receive the completed Home Language Survey.

Receive the completed Request for Transfer of Student Records Form.

High School Students Only: Receive a copy of the transcripts from the last school attended and current semester grades to date.

Students new to the Village of Shorewood may be enrolled in the School District of Shorewood upon proof of residency unless otherwise required by the law, including but not limited to the McKinney Vento Homeless Education Assistance Act. One document from each of the lists is needed to prove residency in the district. Documents from list B must have been mailed to the resident address in the School District of Shorewood within thirty days before or five days after registration. Note that the documents must include the address of the residence within the district.

Approved Residency Document List: One document from each list

List A (including resident address)

If renting, a signed current resident lease (including the landlord's name, address, and phone). If month to month, the lease must be for the month in which the student is seeking enrollment in the Shorewood School District.

OR

_____If a homeowner, a copy of the current property tax statement. If the home was recently purchased, a closing statement for purchasing the home.

List B (including resident address)

_____Current month's utility bill (e.g. electric, gas, telephone)
_____Auto or health insurance
_____Driver's license renewal notice
_____License plate renewal notice
_____Food Share/Quest benefits
_____Medicaid/Badger Care benefit statement

W-2, SSI or other country, state or federal benefit statement

Approved: October 9, 2012