

**Welcome to the Port Washington-Saukville School District
2016-2017 New Student Pre-Registration Form**

Please complete this form and bring it to the appropriate school along with proof of residency (i.e. tax bill, lease agreement, utility bill) so we may begin the registration process. If your child will be entering PK4 or Kindergarten you will also need to bring his/her birth certificate and immunization records. After you have returned this form and all other necessary documents, you receive an email regarding how to complete the registration process on-line. We have a great district and are excited you will be a part of it!

Student: _____
(Legal Last Name) (Legal First Name) (Legal Middle Name)

Home Address: _____
(Street or P.O.) (City) (State) (Zip)

Home Phone: _____ **DOB:** _____ **Gender:** Male Female **Grade:** _____

Ethnicity: Is the student Hispanic or Latino? (check one) ☐ Yes ☐ No

Race: Check all of the following that apply to student (you must select at least one) ☐ Asian ☐ White
☐ American Indian or Alaska Native ☐ Black or African-American ☐ Native Hawaiian or Other Pacific Islander

Birthplace: _____ (city, state, and county OR country if not US)

Parent/Guardian Completing Form

Circle one: Mother Step-Mother Father Step-Father Guardian Other _____

Name: _____ **Home Phone:** _____ **Cell Phone:** _____

Address: _____
(if different from student's home address) (City) (State) (Zip)

E-Mail Address _____

Previous School Attended: _____
Name of school City State

Phone: _____ **Fax:** _____

Was your child ever enrolled in our district before? YES NO If YES, what year _____

Is your child currently under an expulsion order from another school or school district? YES NO

Is your child identified in Special Ed: (circle) EBD SLD ID OHI AUT S/L SDD Other: _____

If YES, does your child have a current IEP? YES NO

Kindergarten Only: Has your child attended: preschool/4 yr old kdg/day care/other YES NO

If YES, please state which and where: _____

Is your child identified in the Talented And Gifted Program: YES NO

If YES, please state what subjects and special programs if any: _____

Parent/Guardian Signature

Date

Grades: K-4
(address determines
school)

Dunwiddie Elementary School
1243 W Lincoln Ave
Port Washington, WI 53074
Office: 262-268-5700
Fax: 262-268-5720
alicia.bornhofer@pwssd.k12.wi.us

Lincoln Elementary School
1325 Theis Ln
Port Washington, WI 53074
Office: 262-268-5800
Fax: 262-268-5820
laura.scharnweber@pwssd.k12.wi.us

Saukville Elementary School
333 N Mill St
Saukville, WI 53080
Office: 262-268-5900
Fax: 262-268-5920
judy.heinzen@pwssd.k12.wi.us

PWSSD-Preschool Program
1243 W Lincoln Ave
Port Washington, WI 53074
Office: 262-268-5715
Fax: 262-268-5720
preschool@pwssd.k12.wi.us

Grades: 5-8

Thomas Jefferson Middle School
1403 N Holden St
Port Washington, WI 53074
Office: 262-268-6100
Fax: 262-268-6120
nickie.kimball@pwssd.k12.wi.us

Grades: 9-12

Port Washington High School
427 W Jackson St
Port Washington, WI 53074
Office: 262-268-5500
Fax: 262-268-5520
kristine.hess@pwssd.k12.wi.us