

## Welcome to the Port Washington-Saukville School District 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) then 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 will receive an email regarding how to complete the registration process online. 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 Father Step-Mother Step-Father 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:** EBD SLD ID OHI AUT S/L SDD \_\_\_\_\_

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

**Is your child identified as a 504 Student:** YES NO

If YES, does your child have a current 504 Plan? 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 \_\_\_\_\_

Dunwiddie Elementary School  
 1243 W Lincoln Ave  
 Port Washington, WI 53074  
 Office: 262-268-5700  
[alicia.bornhofer@pwssd.k12.wi.us](mailto: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](mailto: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](mailto:judy.heinzen@pwssd.k12.wi.us)

PWSSD-Preschool Program  
 1243 W Lincoln Ave  
 Port Washington, WI 53074  
 Office: 262-268-5715  
 Fax: 262-268-6020  
[alicia.timberlake@pwssd.k12.wi.us](mailto:alicia.timberlake@pwssd.k12.wi.us)

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

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](mailto:kristine.hess@pwssd.k12.wi.us)