



PART TIME – STUDENT PROFILE INFORMATION

STUDENT PROFILE INFORMATION			
Student Name First, Middle, Last		Date of birth Mo/Day/Yr.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Student Street Address		City	State
Student Mailing Address (if different)		City	State
Primary email address		Primary Phone	Cell phone
Place of birth - City	County	State/Country	

GENERAL INFORMATION PLEASE ANSWER BOTH QUESTIONS 1 AND 2	
1. Is the above noted student <i>(Choose one or more? You must select at least one.)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	2. Is the above noted student Hispanic or Latino <i>(Check only one)</i> <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino

HOME LANGUAGE SURVEY	
Is a language other than English spoken in the home on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what language(s)?	Does the student use a language other than English on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what language(s)?
Is the student currently receiving "English Language Learner" services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If any question is marked YES, then the district has a legal obligation to evaluate for limited-English proficiency following the WI identification process. For more information see the following bulletin at <a href="http://www.dpi.wi.gov/files/esea/pdf/bul_0701.pdf">http://www.dpi.wi.gov/files/esea/pdf/bul_0701.pdf</a>	

FAMILY INFORMATION			
Parent/Guardian #1		Parent/Guardian #2	
First, Last Name		First, Last Name	
Home Phone	Cell Phone	Home Phone	Cell Phone
Relationship to Student	Living with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Student	Living with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Siblings (if any) attending WVL at this time?		Name of Siblings attending	
Parent/Guardian Signature			Date

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) CONSENT**

The Family Educational Rights and Privacy Act (FERPA) provide parents and students over 18 years of age ("eligible students") certain rights regarding the student's education records. One of those rights is the right to consent to disclosures of personally identifiable information contained in the student's education records. Wisconsin Virtual Learning (WVL) has found that to best serve the student's education needs, it is necessary to disclose a student's name and address to the following classes of vendors that provide important services related to your student's education. In all cases, these vendors will have agreed to ensure the confidentiality of the student's name and address and to not use the information for purposes other than that contracted for the student's education needs. Suppliers of computers and educational materials for purposes of shipping to and from the Student's home. Customer care providers that handle support calls for WVL. Internet service provider; Companies that enter the student information into a computer database for use by school officials; Speakers or presenters presenting or participating in synchronous web-conferencing sessions; Computer professionals that host and maintain WVL's student account management systems. To best serve the student, WVL requests the following parental consent to disclose the student's name and address to the specified class of contractors. I hereby agree that my student's name, address and other information as necessary be provided to the above identified contractors to ensure that WVL can best meet my student's educational needs.

*Your signature above indicates that the information you have provided is accurate and FERPA consent has been given.  
 This profile information will be used for your student's enrollment with the Northern Ozaukee School District at Wisconsin Virtual Learning.*

PLEASE RETURN THE COMPLETED PART TIME STUDENT PROFILE INFORMATION FORM TO:  
 WISCONSIN VIRTUAL LEARNING – ATTN: ENROLLMENT COORDINATOR –  
 401 HIGHLAND DRIVE, FREDONIA WI 53021  
 FAX 262-692-3952 OR EMAIL TO ABAUMANN@NOSD.EDU