

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 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

Is your child identified as a 504 Student: (circle) 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 _____

Grades: K-4
 (address determines school)
 Dunwiddie Elementary School
 1243 W Lincoln Ave
 Port Washington, WI 53074
 Office: 262-268-5700
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: 262-268-6020
alicia.timberlake@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
nicie.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