



STUDENT APPLICATION

COMPLETE THE APPLICATION AND SEND TO:

Angie Kerr, Dean of Students
 Rock University High School
 6004 S. County Rd. G - Janesville, WI53546

EMAIL: akerr@janesville.k12.wi.us

CONTACT: (608) 743-7426

www.janesville.k12.wi.us/RUHS

STUDENT LEGAL NAME (as it appears on birth record or other legal document)				
LAST NAME	FIRST NAME	MIDDLE (Full)	SUFFIX (Jr., II, III)	NICKNAME
HOME ADDRESS: NUMBER, STREET NAME, APT. #, CITY, STATE, ZIP				
GENDER	BIRTH DATE	AGE	GRADE ENTERING FALL 2017-2018	
MALE FEMALE				
RESIDENT SCHOOL: _____				

#1 PARENT / GUARDIAN INFORMATION				
LAST NAME	FIRST NAME	MIDDLE (Full)	SUFFIX (Jr., II, III)	NICKNAME
HOME ADDRESS: NUMBER, STREET NAME, APT. #, CITY, STATE, ZIP				
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL	

#2 PARENT / GUARDIAN INFORMATION				
LAST NAME	FIRST NAME	MIDDLE (Full)	SUFFIX (Jr., II, III)	NICKNAME
HOME ADDRESS: NUMBER, STREET NAME, APT. #, CITY, STATE, ZIP				
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL	

PARENT SIGNATURE: _____ DATE: _____

The right of the student to be admitted to school and to participate fully in curricular, extra-curricular, recreational, or other programs or activities and in student services shall not be abridged or impaired because of a student's sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or because of the person's physical, mental, emotional, or learning disability.

