

Online Registration Summary

Page 1 / 2

Wurn, Mitchell Patrick | 20124

Modified By:
Modified Date:
Application End Year: 2021

Submission Date: 04/12/2020
Confirmation Number: # 20124
Application Created By: Carrie Gross

Household

Home Phone or Primary Cell

Home
Phone: (920)410-2252

Home Address

1316 Honeysuckle Ln Apt. 310
Neenah, WI 54956
Winnebago
Household has no separate Mailing Address

Yes
Yes
Yes
Yes
Yes

Documents Uploaded:

HomeAddress We_Energies_bill_2020Proof of Residency

Parent/Guardian

Gross , Carrie Ann Gender: F
Birthdate: 01/07/1973 Household: Yes

Contact Information

Cell: (920)410-2252
Work: (920)380-1033
Other:
Email: Cgross1015@gmail.com
Secondary
Email:

Place of Employment: Kidzland2 Child
Preferred Language Communications: English
language preference oral starting literal: English

Military Connections

Parent in Military: No
Parent in Guard Reserve: No
Parent in Title 10: No
If Yes, branch : No

Parent/Guardian

Wurn , Troy Patrick Gender: M
Birthdate: 02/15/1978 Household: No

Contact Information

Cell: (920)410-6991
Work:
Other:
Email: Twsnowandlawncare@gmail.com
Secondary
Email:

Place of Employment: The Shop Auto B
Preferred Language Communications: English
language preference oral starting literal: English

Parent/Guardian

Wurn , Troy Patrick Gender: M
Birthdate: 02/15/1978 Household: No

Military Connections

Parent in Military: No
Parent in Guard Reserve: No
Parent in Title 10: No
If Yes, branch : No

Emergency Contact

Wurn , Brittany Gender: F
Birthdate: Household: No

Contact Information

Home:
Mobile: (920)410-0627
Work:
Email:

Verification Information

Address Line 1: 2185 Schneider Ave
Address Line 2: Oshkosh WI 54901

Emergency Contact

Gross , Margo Ann Gender: F
Birthdate: Household: No

Contact Information

Home: (920)235-2434
Mobile: (920)573-3016
Work:
Email:

Verification Information

Address Line 1: 3709 Summerset Way
Address Line 2: Oshkosh WI 54901

Student

Wurn , Mitchell Patrick Gender: M **DOB: 10/15/2007**
Nickname: Mitch
School: Shattuck Middle School

Demographics

Date Entered U.S.:
Foreign Exchange: No
Enrollment Grade: 07

Race Ethnicity

White
Is Hispanic/Latino: No

Housing

Homeless: No

Student		
Wurn , Mitchell Patrick	Gender: M	DOB: 10/15/2007
Nickname: Mitch		
School: Shattuck Middle School		

Language Information

First language spoken by student: English
Language most often spoken at home: English
First Language: Yes
At Home Language: No
Consent for EL services: No

Relationships

Carrie Gross - Mother/Son

Guardian: true
Mailing: true
Portal: true
Messenger: true
Contact Order: 1

Troy Wurn - Father/Son

Guardian: true
Mailing: true
Portal: true
Messenger: true
Contact Order: 2

Brittany Wurn - Emergency Contact/Step-parent

Contact Order: 3

Margo Gross - Emergency Contact/Grandparent

Contact Order: 4

Student Services

Student has IEP: No
Student has 504 plan: No
Student received gifted/talented services: No
IEP Services:

Previous School

Previous School

School: Merrill Middle
City: Oshkosh
State: WISCONSIN
Country: United States of America
Phone: (920)424-0177
Currently expelled or suspended: No
Expected start date: 09/01/2020

Health Services - Medical or Mental Health Conditions

No medical or mental health conditions
Student covered by health insurance: No

Student		
Wurn , Mitchell Patrick	Gender: M	DOB: 10/15/2007
Nickname: Mitch		
School: Shattuck Middle School		

Athletic Permission

WIAA Sports: Yes
Name of Insurance Forward Health
Insurance Number:
Family Doctor: Dr Matthew Downs
Doctor Phone: 9203038700
Family Dentist: Partnership Community Health
Dentist Phone: 9207317445
WIAA Approval: Yes
Insurance Waiver: Yes
WIAA Alternate Card: Yes
ThedaCare Authorization: Yes
Concussion Release: Yes
Emergency Card Coach: Yes
MSAthleticCode starting literal: Yes
WIAA Bulletin date:

Release Agreements

I acknowledge the district at times may video tape and/or photograph my child for various purposes including yearbook, special recognition, public relations, educational purposes, etc which may appear on the Internet and other publications. I understand that I may notify my child's school if I do not consent for photography for ANY purpose and must do so within 14 days of starting school.: Yes
Consent given for my child to participate in School and/ or District approved field trips - Yes
Agree to the Technology acceptable use policy - Yes
I have agreed to the Acceptable Use Policy: Yes
I have acknowledged the Handbook policies: Yes

Signature:

