



Learn from the past,
Achieve in the present
and Envision the future

Request for Records for Transfer Student

Date: _____

To Former School: _____

Attention: _____ FAX: _____

Address: _____ Email: _____

_____, Date of Birth _____, Grade _____

(Student name)

has enrolled as a new student in the Cambridge School District.

As soon as possible, please send ALL records regarding the student, including the following:

- ____ Student Transcript and Schedule
- ____ Grades or Most Recent Report Card
- ____ Attendance Records
- ____ Health Records
- ____ Immunization Records
- ____ WIAA Physical Card & Extra Curricular Participation Records/Eligibility
- ____ Special Education Records, Including 504s IEPs and Evaluations
- ____ Behavioral Records

Has Special Education Evaluation been started and not completed for the student?

Yes No

Have Expulsion or Pre-Expulsion proceedings been started for the student?

Yes No

Please email or fax latest IEP,
Evaluation & Transcript to:
CAMBRIDGE SCHOOL DISTRICT
ATTN: DAWN WILLIAMS
dwilliams@cambridge.k12.wi.us
fax: 608-423-9869

Please mail ALL records to:
CAMBRIDGE SCHOOL DISTRICT
ATTN: DAWN WILLIAMS
403 BLUE JAY WAY
CAMBRIDGE, WI 53523

I give permission for the above-named school to release the indicated records to
Cambridge Schools District

Parent/Guardian

Office Use Only Enrollment Date: _____ Records Request Date: _____ Birth Certificate Yes No		STUDENT INFORMATION CAMBRIDGE SCHOOL DISTRICT STUDENT INFORMATION (Birth Certificate Required)		Office Use Only Resident: _____ Open Enrollment: _____	
Student Last Name:		Student First Name:		Student Middle Name:	
Student Address:		Gender:	Date of Birth:	City/County/State of Birth:	
City:					
With Who Does Student Reside? (circle all that apply) Parent 1 Parent 2 Guardian					
To Whom should reports be sent? Parent 1&2/Same House Parent 1 Parent 2 Guardian					

PARENT/GUARDIAN INFORMATION

Family 1	Family 2
Parent Name:	Parent Name:
Parent Name:	Parent Name:
Home Address:	Home Address:
Primary Phone Number:	
Home Phone:	Home Phone:
Parent 1 Cell Phone:	Parent 1 Cell Phone:
Parent 2 Cell Phone:	Parent 2 Cell Phone:
Parent 1 Work Phone:	Parent 1 Work Phone:
Parent 2 Work Phone:	Parent 2 Work Phone:
Email Address:	Email Address:

EMERGENCY INFORMATION Name(s) of person(s) to be called when parent/guardian cannot be reached

Name	Relationship	Daytime Phone/Cell Phone

MEDICAL INFORMATION

Doctor Name:		Doctor Phone:	
Dentist Name:		Dentist Phone:	
Circle if appropriate:	Diabetes	Allergy	Asthma Heart Seizures
List any Medications:			
List any Allergies:			
Will your child be required to take prescription/non-prescription medication at school on a regular basis?			YES NO
Explain any other health conditions/physical restrictions:			

If, in the judgement of school authorities, emergency treatment is required, I authorize my child to be transported by ambulance to a hospital for treatment. I understand that the contacted ambulance provider does reserve the right to convey the patient to the nearest definitive care hospital or the hospital of their choice should they deem it necessary. I hereby authorize the physician(s) at the hospital to give emergency treatment to my child. To the best of my knowledge, the above information is current and correct.

Signature of Parent/Guardian: _____ Date: _____

Ethnicity (check all that apply)

☐ Native American or Alaskan American
 ☐ Asian or Pacific Islander
 ☐ Hispanic
☐ White
 ☐ African American
 ☐ Other, List _____

Primary Language (please circle one): English Spanish Other

My Child has permission to participate in field trips sponsored by the Cambridge School District (Circle One): YES NO

In the event of an emergency early release, should your child go home as usual? (Circle One): YES NO

If NO, please advise: _____

Is there any other information that would be helpful for the school to know: _____

SIBLING INFORMATION (Preschool Age Only)

First Name	Last Name	Gender	Birthdate	Grade	Any current programs

As a parent/guardian, I hereby affirm we presently reside in the Cambridge School District or have applied for open enrollment through DPI.

The information provided on this form is correct to the best of my knowledge.

Signature of Parent/Guardian: _____

Complete the following ONLY if the child is new to this district: LAST SCHOOL ATTENDED (For entering kindergarten students, please list any preschool attended)

School Name: _____

Address: _____

City/State: _____

Zip: _____

Phone: _____

Year Student began Schooling in the U.S.: _____

Last Grade Completed: _____

Has your child been expelled from a previous school district: YES NO

Is your child presently participating in any of the following programming options?

Title 1	YES	NO
Reading Support	YES	NO
Gifted and Talented	YES	NO

504 Accommodation Plan	YES	NO
English Language Learner	YES	NO

The following information is to be used as part of the screening process required under PI 11.02 (2)(b) to identify students who require, or possibly required, special education services. Does your student have any of the following conditions?

Specific Learning Disability (SLD)	YES	NO	Autism (A)	YES	NO
Emotional Behavior Disturbance (EBD)	YES	NO	Cognitive Disability (CD)	YES	NO
Speech and Language Handicap (SL)	YES	NO	Orthopedic Impairment (OI)	YES	NO
Traumatic Brain Injury (TBI)	YES	NO	Other Health Impairment (OHI)	YES	NO
Visual Impairment (VI)	YES	NO	Significant Dev. Delay (SDD)	YES	NO
Hearing Impairment (HI)	YES	NO	Deaf/Blind	YES	NO

Has your student ever been evaluated or placed in a program for special education needs? (This includes early childhood services starting before kindergarten.) YES NO If yes, please describe: _____

Do you have any younger children (age 0-5) that may be eligible for special or exceptional programs? If yes, please list them below YES NO

First Name	Last Name	Date of Birth

CAMBRIDGE SCHOOL DISTRICT
403 BLUE JAY WAY
CAMBRIDGE, WI 53523

Date: _____ School: _____

HOME LANGUAGE SURVEY

Dear Parent or Guardian,

Schools are required to determine the language (s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your child return this form to their teacher. Thank you for your help.

Name: _____

Last

First

Grade

Age

1. Which language did your child learn
when they first began to talk? _____
2. What language does your child
most frequently use at home? _____
3. What language do you use most
frequently to speak to your child? _____
4. Name the language most often
spoken by the adults at home. _____

Signature of Parent/Guardian _____

Cambridge School District (CSD)
Student/Family Residence Questionnaire

Your child may be eligible for additional educational services through Title 1 Part A, Title 1 Part C-Migrant, and/or Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

1. Presently, are you and/or your family living in any of the following situations? Check all that apply.

- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
- ☐ Waiting for foster care placement
- ☐ Sharing the housing of others due to loss of housing, economic hardship or a similar reason
- ☐ Living in a car, park, campground, abandoned building, or other inadequate accommodation
- ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship or a similar reason
- ☐ Living alone as a minor student(s) without an adult (unaccompanied youth)

If you checked any box above please complete the remainder of this form and submit it to school personnel. If you did not check any box above, you do not need to complete or submit this form.

2. Please list all children currently living with you.

First	Middle	Last	M/F	Birthdate	Grade	School Name

The undersigned parent/guardian certifies that the information provided above is accurate.

Print Parent/Guardian Name	Signature	Date
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(Area Code) Phone Number	Address
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Your children have the right to:

- ✓ Continue to attend school in the school attended before you became homeless (school of origin).
- ✓ Receive transportation to the school of origin for the regular school day.
- ✓ Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents required for enrollment.
- ✓ Receive the same special programs and services, if needed, as provided to all other children served in these programs.

The McKinney-Vento Homeless Education Assistance Act and the CSD Board of Education Policy #5111.01 ensures the educational rights above for students who are homeless. If you wish to have a copy of this document, please ask the staff person helping you today to make one.

- ✓ CSD staff assisting with this process:

Name	Signature	Date
Copies to 1. CSD Enrollment Office 2. School Social Worker 3. School Office		

Access to Technology Digital Equity Questionnaire

The Department of Public Instruction (DPI) asks schools to collect access to technology/digital equity information, to determine how to best serve students and families. Please complete the following questionnaire for _____, by circling the answers that apply.

(student name)

Question 1 - Internet Access in Residence: *Can the student access the internet on their primary learning device at home?*

- True (Yes)
- False (No)

Question 2 - Barrier to Internet Access in Residence: *If the student is unable to access internet in their primary place of residence, why not?*

- Not Desired
- Not Available
- Not Affordable
- Other

Question 3 - Internet Access Type in Residence: *What is the primary type of internet service used at the residence?*

- Residential Broadband (e.g., DSL, Fixed Wireless, Cable, Fiber)
- Cellular Network
- Hot Spot (school provided hot spot, or school provided service)
- Satellite
- Community Provided Wi-Fi
- Dial-up
- Other
- None
- Unknown

Question 4 - Internet Performance in Residence: *Can the student stream a video on their primary learning device without interruption?*

- Yes
- Sometimes (not consistently)
- No

Question 5 - Primary Learning Device Away from School: *What device does the student most often use to complete school work at home?*

- Desktop Computer
- Laptop Computer
- Tablet
- Chromebook
- Smartphone
- None
- Other

Question 6 - Primary Learning Device Provider: *Who provided the primary learning device to the student?*

- School
- Personal
- Other

Question 7 - Primary Learning Device Access: *Is the primary learning device shared with anyone else in the household?*

- Shared
- Not Shared
- Unknown



SCHOOL DISTRICT OF CAMBRIDGE

Home of the Blue Jays

Bus Transportation Request Form

- The School District of Cambridge will provide transportation to and from school site(s) for all **four year old kindergarten** students who reside within the school district boundaries.
- The School District of Cambridge will provide transportation to and from school for K-12 students who reside within the school district boundaries but live **greater than one 1.5 miles from school, outside of the Village of Cambridge or in an area of the district that present unusual hazards for student walking to and from school to a bus pick-up point, as defined in state statute 121.54(9), live east of Koshkonong Creek for elementary students, be a student with exceptional education needs or a student enrolled in 4K.**
- Board Policy shall designate pick-up points on a consistent manner throughout the district. It is expected that students can walk a reasonable distance to pick-up points. This distance is ½ mile to a pick-up point.
- For safety reasons, **only two (2) pick-up/drop-off locations** (including home) per student will be permitted and that schedule must be consistent week to week. Varying schedules will not be allowed, (i.e. one week Mon., Wed., Friday drop-off/pick-up and following week Mon., Tues., Thursday, etc.) except in exceptional circumstances, approved by the business manager.
- For safety reasons, pick-up or drop-off locations for K-12 students, other than as designated, must be requested in writing by parents/guardians. Only then, will a bus pass be issued by the school building office manager/principal to be presented to the bus driver at time of boarding.

Does your child need bus transportation? **YES** **NO**

If yes, please indicate locations below. (circle all that apply)

Location #1 _____ M T W R F _____ Pick up _____ Drop off
Location #2 _____ M T W R F _____ Pick up _____ Drop off

Home Address: _____

Parent's Name(s): _____

Phone - Cell/Home: _____ **Work:** _____

1. Child's Name	_____	_____	_____	_____	_____
	First	Middle	Last	/	Grade
2. Child's Name	_____	_____	_____	_____	_____
	First	Middle	Last	/	Grade
3. Child's Name	_____	_____	_____	_____	_____
	First	Middle	Last	/	Grade

Email Address: _____

Emergency Contact (if parent can't be reached) Name: _____

Emergency Contact Phone: _____

CAMBRIDGE SCHOOL DISTRICT PROOF OF RESIDENCY FORM

The information below outlines the Cambridge School District's procedure for determining residency for students who are new to the district, those who are requesting to open enroll, or students that have an address change. Students in any of these scenarios may be required to provide proof of residency. If required, students will not be officially enrolled until documentation is provided

ACCEPTED DOCUMENTS

One of the following documents is required by a parent/guardian wishing to enroll their child(ren) with the district. Documents must coincide with the child's registration information and must be original copies:

1. Current wage statement or W2 end-of-year earnings statement in the name of the parent/guardian with the address provided at registration.
2. Current utility bill in the name of the parent/guardian with the address provided at registration. Acceptable utility bills include a bill for water, gas, electric, cable/satellite, or landline phone. Cell phone bills are not acceptable.
3. Current property tax bill or lease agreement in the name of the parent/guardian with the address provided at registration. Expired leases are not acceptable. Rent receipts are not an allowed residency document.
4. Government correspondence (such as Supplemental Security Income, Wisconsin Works "W2" Cash Benefits, Temporary Assistance for Needy Families "TANF", "Food Share", or Housing Assistance letter with the address provided at registration and the name of the parent/guardian.

Legal Parent/Guardian Signature: _____ Date: _____

Student(s) Name(s): _____

WI State Statute 121.77 requires that students attend school in their district of residence and school districts charge tuition to non-resident students. The Cambridge School District investigates and verifies residency, should false residency information be given and student(s) enroll, the district is entitled to assess tuition when appropriate and will file a claim to recover the tuition under s.121.81 which the parent/guardian is required to pay.

FOR OFFICE USE ONLY

(All documents must include legal parent/guardian name and address.)

Please check which original documents were presented & reviewed as proof of residency:

<input type="radio"/> Current Wage Statement	<input type="radio"/> W2 End-of Year Earnings Statement
<input type="radio"/> Current Property Tax Bill	<input type="radio"/> Current Lease Agreement
<input type="radio"/> Current Utility Bill (choose one) <ul style="list-style-type: none"><input type="radio"/> Electric<input type="radio"/> Water<input type="radio"/> Gas<input type="radio"/> Cable/Satellite<input type="radio"/> Phone (Landline Only)	<input type="radio"/> Government Correspondence (choose one) <ul style="list-style-type: none"><input type="radio"/> Supplemental Security Income<input type="radio"/> Temporary Assistance Letter "TANF"<input type="radio"/> W2 Cash Benefits<input type="radio"/> Housing Assistance Letter<input type="radio"/> Foodshare Letter

I have reviewed and verified the documents presented:

Staff Signature: _____ Date: _____



School District of Cambridge

District Office

403 BLUE JAY WAY • CAMBRIDGE, WISCONSIN 53523-9547

Telephone
(608) 423-4345

Fax
(608) 423-9869

Website
www.cambridge.k12.wi.us

Birth Certificate & Parent/Guardian Identity and Relationship Verification Form (To Be Completed by School District Staff)

Student Name (Last, First, Middle)

Student Date of Birth

Student Place of Birth (City, County, State)

Mother's Name

- ☐ Official photo identification (driver's license, passport or government issued ID) OR
- ☐ Court document providing proof of parent/guardianship relationship

Father's Name

- ☐ Official photo identification (driver's license, passport or government issued ID) OR
- ☐ Court document providing proof of parent/guardianship relationship

Birth Certificate & Parent/Guardian Identity and Relationship Verified By:
Staff Name & Date