

WISCONSIN HEIGHTS SCHOOL DISTRICT - STUDENT REGISTRATION FORM

10173 US HIGHWAY 14, MAZOMANIE, WI 53560 PHONE: (608)767-2595 FAX: (608)767-3579

OFFICE USE ONLY:

Start Date:	School Attending:	<input type="checkbox"/> Proof of Legal Name/Age	<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Immunizations	Staff Initials:
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STUDENT INFORMATION

Legal Last Name		Legal First Name		Legal Middle Name	Suffix
Grade Enrolling	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student Primary Language	Student Cell Phone (if applicable)	
Birth City		Birth County	Birth State	Birth Country (if outside of US)	
Ethnicity Is this student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Federal Race <input type="checkbox"/> American Indian or Alaska Native If yes, Primary Tribal Affiliation: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			

PREVIOUS ENROLLMENT INFORMATION

Name and Address of Last School Attended (please include city, state)

Phone Number of Previous School	Has student been expelled at any time during this school year or are there pending disciplinary proceedings that could lead to expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PRIMARY HOUSEHOLD INFORMATION

Household Address		Apartment	City
State	Zip Code	Household Phone	
Name of Parent/Guardian/Adult (Last, First, Middle Initial)		Cell Phone	Relationship to Child
Email Address		Employer	Work Phone
Name of Parent/Guardian/Adult (Last, First, Middle Initial)		Cell Phone	Relationship to Child
Email Address		Employer	Work Phone

If the second adult in household is not Parent/Legal Guardian, would you like them to be used as an emergency contact? Yes No

Name(s) of Other Children in Primary Household	Birth Date	Gender	Relationship to Child
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☐ M ☐ F☐ M ☐ F☐ M ☐ F**LIVING SITUATION (check all that apply)**

Shares housing with others No fixed address (Staying in Shelter/Motel/Car) Living without parent

HOME LANGUAGE SURVEY

1. Was the first language used by this student English?

Yes

No

2. When at home, does this student hear or use a language other than English more than half the time?

Yes

No

SECONDARY HOUSEHOLD INFORMATION							
Name of Parent/Guardian/Adult (Last, First, Middle Initial)			Cell Phone		Relationship to Child		
Email Address		Employer		Work Phone		If not Parent/Legal Guardian, to be used as Emergency Contact? Yes No	
Name of Parent/Guardian/Adult (Last, First, Middle Initial)			Cell Phone		Relationship to Child		
Email Address		Employer		Work Phone		If not Parent/Legal Guardian, to be used as Emergency Contact? Yes No	
Household Address		Apartment	City		State	Zip Code	
Household Phone							
Name(s) of Other Children in Second Household			Birth Date	Gender	Relationship to Child		
				<input type="checkbox"/> M <input type="checkbox"/> F			
				<input type="checkbox"/> M <input type="checkbox"/> F			
EMERGENCY CONTACTS							
<p>When a student becomes ill or injured at school, it may be necessary for the student to be taken home, to a doctor, or a hospital. This responsibility should be assumed by the parent, except in an emergency when it is apparent that an ambulance or emergency medical service should be called immediately. In the event of an emergency or illness, diligent effort will be made to immediately contact the parent(s)/guardian(s). If a parent/guardian cannot be reached, the District will next contact the emergency contacts listed in the student's Skyward record.</p> <p>It is important that families often verify that the emergency contacts listed in Skyward are accurate and that the emergency contacts listed are above the age of 18. In the event of a school evacuation, students will only be released to a parent/guardian listed in their household or to an adult listed as an emergency contact. Parents/guardians should not be listed as emergency contacts as the District will always attempt to contact them first in the event of an emergency.</p>							
Local Contact Name (Last, First)		Primary Phone		Second Phone	Third/Work Phone	Relationship to Child	
Please enter your child's Physician's Name here:		Physician's Phone:		Preferred Hospital:		Child's Physician	
EMERGENCY MEDICAL SITUATION							
<p>In the event of a significant safety incident it may be necessary for students to be transported to area hospitals for treatment. Due to confidentiality requirements, the District is not able to verify which hospital your child may have been transported to unless we have your permission to receive admission and/or health status information.</p> <p>For example, if your child was on a field trip in the Madison area and had a medical emergency, your child may have been transported to Meriter Hospital, St. Mary's Hospital or UW Hospital. If the District has your permission, we can contact each hospital and then quickly share that information with you instead of you needing to call each hospital yourself. You have the final decision on what information the District has access to by answering the questions below.</p>							
Sharing Information						YES	NO
Hospital/medical staff may only share the identified information with the District based on the answers to the questions below:							
1. Hospital/Medical staff may verify my child is a patient at the medical facility (admission status).						<input type="checkbox"/>	<input type="checkbox"/>
2. Hospital/Medical staff may verify my child's health status at the medical facility.						<input type="checkbox"/>	<input type="checkbox"/>
MILITARY CONNECTIONS (OPTIONAL)							
	YES	NO	IF YES, WHO?				
1. Is either parent or guardian on active duty in the military?	<input type="checkbox"/>	<input type="checkbox"/>					
2. Reserve?	<input type="checkbox"/>	<input type="checkbox"/>					
3. Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?	<input type="checkbox"/>	<input type="checkbox"/>					

NEEDS OF STUDENT			
	YES	NO	COMMENTS
1. Does the student have a current IEP for Special Education?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has the student been evaluated for specialized services?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the student currently receive "504 accommodations"?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the student currently receive any other special services?	<input type="checkbox"/>	<input type="checkbox"/>	
HEALTH CONCERNS			
	YES	NO	IF YES, PLEASE EXPLAIN/DESCRIBE TREATMENT.
1. Does the student have vision difficulty?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the student have hearing difficulty?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the student have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, will they need an inhaler at school? _____
4. Does the student have allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
4a. Does the student Food allergies?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, will they need an EpiPen at school? _____
5. Does the student have severe reactions to insect bites?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, will they need an EpiPen at school? _____
6. Has the student ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are there other health concerns the school should be aware of?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the student require Perscription medication at school? If yes, please complete the Medication Authorization Consent Form which needs to be signed by both parent/guardian AND physician.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the student require over the counter medication at school? If yes, please complete the Medication Authorization Consent Form which needs to be signed by a parent/guardian.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the child require medication at home? If yes, please identify the name of the medication, dose and usual time administered. (Use the space below if needed.)	<input type="checkbox"/>	<input type="checkbox"/>	

If you have additional information/concerns about a health issue mentioned on this form and would like to share more, please contact one of our district nurses.

PERMISSIONS

Please read the statements below and answer "Yes" for permission and "No" if denying permission. You may view the [policies](#) and guidelines at the district website at: <https://go.boarddocs.com/wi/whsd/Board.nsf/Public#>

YES NO

1. Military Recruiters - [Policy 8330](#)

I give permission to release student name, address, and/or phone numbers to military recruiters.

2. Post-Secondary - [Policy 8330](#)

Permission to release student name, address, and/or phone numbers to post-secondary institutions (i.e., colleges, universities, technical schools).

3. Schoolwork - [Policy 7540](#)

Permission for my child's schoolwork projects to be displayed on the school district web page. I authorize and license the School Board to post my child's schoolwork on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such schoolwork.

4. Internet Usage - [Policy 7540.03](#)

Permission for my child to use and access the Internet at school and for the School Board to issue technology and/or internet accounts including email to my child. I agree that my child will abide by School Board and school technology related policies including but not limited to acceptable computer, internet, or technology use.

5. Photographs & Videotaping - [Policy 7540, 7540.02 & 9120](#)

In the course of a school year, individual students or groups of students are occasionally photographed and/or videotaped in classroom situations, during fine arts performances, on field trips, for teacher training, etc. The resulting photo and/or videotape may be used in a variety of ways: to promote the school district, individual school, or specific programs to the community; to instruct students or staff members; or to orient new parents, staff and students. The final product could also take a variety of forms: photo displays, slide presentations, newspaper articles, pamphlets or video programs.

Permission for my child's photo/video, which may be labeled with my child's first name, to be published on a student, classroom, school, business partner, or district website and permission for my child's photo and name to be used in local newspaper and on the Public Access Channel.

6. Field Trips - [Policy 2340](#)

During the course of the school year, students participate in field trips, community walks and visits to various destinations within the Wisconsin Heights School District (e.g. pool, parks, library, etc.). The purpose of field trips, community walks and visits to local destinations is directly linked to curriculum and instruction. We need your permission to take your child on any field trip off school grounds. This permission allows your child to go on school sponsored field trips that are walking or on in-town bus shuttle trips to visit local destinations. You will continue to be notified about the date and time of each of these field trips as they are planned. Please note that you will continue to receive individual field trip permission forms for each field trip.

7. Policies, Annual Notices and Handbook

- 1) I acknowledge it is my responsibility to read and be informed on school information and [policies](#).
 - 2) I further acknowledge that it is also my child's responsibility to read and be informed on school information and [policies](#).
 - 3) I also acknowledge that it is my responsibility to read and be informed on [Wisconsin Heights Annual Notices](#).
 - 4) I am aware that the Wisconsin Heights School District Handbook is available on the School District website.
- Viewable links: [Elementary, Middle School/High School](#) or can be picked up from any school office.

PARKING PERMIT APPLICATION - HS STUDENTS ONLY (IF APPLICABLE)

OFFICE USE ONLY: PERMIT#: _____

Student Last Name: _____ Student First Name: _____ Grade: _____ Vehicle Owner's Name: _____

Vehicle Make and Model: _____ Vehicle Year: _____ + Color: _____ License Plate: _____

Students with a valid driver's license are allowed the privilege of parking in the designated student parking lot in front of the school. You must have your vehicle registered and the \$50.00 parking fee paid during the first week of school or on the day you begin driving to school (pro-rated for students acquiring their licenses mid-year at \$12.50/quarter). Students will be issued a parking tag which should be displayed in the front window on the rear-view mirror.

It is the students responsibility to read and be informed on the Wisconsin Heights parking rules. To view the complete guide and for additional applications visit: <https://www.wisheights.k12.wi.us/page/parking-permits-rules>

TRANSPORTATION

The Wisconsin Heights School District contracts with Go Riteway to provide bus transportation to students in our district. If your child will need bus transportation, please indicate that below and provide the necessary information if your child will be riding to/from an address other than their home address. Riteway will assign your child to the rural bus route or nearest in town bus stop based on the information you provide. If you have questions about bus transportation, please visit the transportation information available on the Wisconsin Heights School District website at <https://www.wisheights.k12.wi.us/page/transportation> or call Go Riteway directly at (608)401-1070.

For safety purposes, it is strongly encouraged to schedule a consistent plan for your child's transportation.

ARRIVAL: Please tell us your child's inbound/to school arrival transportation plan

Car Drop Off/Walk/Bike	Before School Club	Bus - Rural/Out of Town Route (please complete information below)	Bus - In Town Bus Stop (please complete information below)	Student Drives - Parking permits available
AM Pick Up Location for Busing is: <input type="checkbox"/> Household 1 Address <input type="checkbox"/> Household 2 Address <input type="checkbox"/> Alternate Address		AM Alternate Address (please include Name and Phone Number of Adult at Alternate Address):		

DISMISSAL: Please tell us your child's outbound/from school dismissal transportation plan

Car Pick Up/Walk/Bike	Before School Club	Bus - Rural/Out of Town Route (please complete information below)	Bus - In Town Bus Stop (please complete information below)	Student Drives - Parking permits available
PM Pick Up Location for Busing is: <input type="checkbox"/> Household 1 Address <input type="checkbox"/> Household 2 Address <input type="checkbox"/> Alternate Address		PM Alternate Address (please include Name and Phone Number of Adult at Alternate Address):		

EARLY RELEASE DISMISSAL PLAN: Please tell us your child's outbound/from school dismissal transportation plan for the early release days.

Please follow USUAL dismissal plan.	Other dismissal plan. List details below.
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EMERGENCY DISMISSAL PLAN: Please tell us your child's outbound/from school dismissal plan for emergency release days due to weather/other.

Please follow USUAL dismissal plan.	Other dismissal plan. List details below.
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TECHNOLOGY AT HOME INFORMATION

This information is required by the State of Wisconsin to gather data which will improve internet accessibility across the State.

1. Can the student access the internet on their primary learning device at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. If the student is unable to access internet in their primary residence, why not? <input type="checkbox"/> Not Desired <input type="checkbox"/> Not Available <input type="checkbox"/> Not Affordable <input type="checkbox"/> Other
3. What is the primary type of internet service used at the residence? <input type="checkbox"/> Residential Broadband (i.e., DSL, Fixed Wireless, Cable) <input type="checkbox"/> Cellular Network <input type="checkbox"/> School Provided Hot Spot <input type="checkbox"/> Satellite <input type="checkbox"/> Community provided Wi-Fi <input type="checkbox"/> Dial-Up <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Unknown
4. Can the student stream a video on their primary learning device without interruption? <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes (not consistently) <input type="checkbox"/> No

5.	What device does the student most often use to complete school work at home?	<input type="checkbox"/> Desktop Computer <input type="checkbox"/> Laptop Computer <input type="checkbox"/> Tablet <input type="checkbox"/> Chromebook <input type="checkbox"/> Smart Phone <input type="checkbox"/> None <input type="checkbox"/> Other
6.	Who provided the primary learning device to the student?	
	<input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Other	
7.	Is the primary learning device shared with anyone else in the household?	
	<input type="checkbox"/> Shared <input type="checkbox"/> Not Shared <input type="checkbox"/> Unknown	

McKINNEY-VENTO HOMELESS EDUCATION ASSISTANCE ACT

The McKinney-Vento Homeless Education Assistance Act ensures the educational rights to students who are experiencing homelessness or a transition in housing due to economic hardship. If your family does not have a permanent home address or if you are a minor living without a parent or legal guardian, you may qualify for services under the McKinney-Vento Act. Homeless children and youth have the rights to:

- Continue to attend the school attended before this transition in housing occurred or the last school attended (school of origin)
- Receive transportation to the school of origin for the entire school year while in transition.
- Enroll in school of residence without giving a permanent address and attend classes while the school arranges for immunization records or other documents required for enrollment.
- Receive the same academic program and services, if needed, as provided to all other children served in these programs.
- Have enrollment disputes quickly addressed.

For questions or more information, please contact:
 Kelly Santell - Director of Special Education and Student Services. Ph: 608-767-2595 ext: 3005

NON-DISCRIMINATION AND ACCESS TO EQUAL EDUCATIONAL OPPORTUNITY

The Board of Education is committed to providing an equal educational opportunity for all students in the Wisconsin Heights School District. The Board does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, pregnancy, marital status, parental status, sexual orientation, sex, (including transgender status, gender expression, gender identity, and gender nonconformity), or physical, mental, emotional, or learning disability ("Protected Classes") in any of its student program and activities.

ACKNOWLEDGEMENT

I certify that all information contained in the student enrollment form is true and complete, accurate, and not misleading to the best of my knowledge. I understand that any false statements or representations may subject me to any and all applicable civil and criminal penalties. A copy of this authorization shall be as effective as the original.

SIGNATURE

Parent/Guardian Signature:	Date: