

Sauk Prairie School District New Student Enrollment Form

For Office Use Only	
School _____	Starting Date _____
<input type="checkbox"/> BC <input type="checkbox"/> Imm <input type="checkbox"/> PofRes <input type="checkbox"/> RofR	

Student Legal Name

Last _____ First _____ Full Middle _____

Grade _____ DOB _____ Gender Female Male

Race American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Yes student is Hispanic/Latino Primary Language _____ Other Languages spoken in home _____

Birth City _____ Birth State _____ Birth County _____ Birth Country _____

Physical Address of Student

Address _____

City _____ State _____ Zip _____

Township _____ Primary Phone _____

Household One

Legal Name First Adult in House

Last _____ First _____ MI _____

Father Stepfather Mother Stepmother Foster Home Relative Guardian Other _____

Email _____ Cell Phone _____

Employer _____ Employer's Phone _____

Legal Name Second Adult in House

Last _____ First _____ MI _____

Mother Stepmother Father Stepfather Relative Guardian Other _____

Email _____ Cell Phone _____

Employer _____ Employer's Phone _____

Household Two

Legal Name First Adult in House

Last _____ First _____ MI _____

Father Stepfather Mother Stepmother Foster home Relative Guardian Other _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Receives Report Card Yes No Receives Forms Yes No

Email _____ Cell Phone _____

Employer _____ Employer's Phone _____

Legal Name Second Adult in House

Last _____ First _____ MI _____

Mother Stepmother Father Stepfather Relative Guardian Other _____

Email _____ Cell Phone _____

Employer _____ Employer's Phone _____

Physician Information

Physician _____ Physician's Phone _____
 Hospital _____ Insurance Company _____

Emergency Information for 2 Reasons

- Emergency Contact: Provide at least one LOCAL person to contact if you are not available. Do NOT list yourself as an emergency contact as you will always be the contacted first. If you have more than 3 contacts, please attach additional sheet.
- School Evacuation/Reunification: In the event of a school evacuation, students will only be released to a parent/guardian listed in their household(s) or an adult listed as an emergency contact in Skyward Student Records.

1. Emergency Contact _____ Emergency Contact Phone _____

Emergency Contact Address _____ Emergency Contact Relationship _____

2. Emergency Contact _____ Emergency Contact Phone _____

Emergency Contact Address _____ Emergency Contact Relationship _____

3. Emergency Contact _____ Emergency Contact Phone _____

Emergency Contact Address _____ Emergency Contact Relationship _____

Student's Education History

School last Attended _____ City, State _____

Contact Name & Phone Number _____

Yes No Has the student been expelled at any time during the school year or are there any disciplinary proceedings pending that could lead to expulsion?

Does this child have a current IEP for Special Education? Yes No

Check all that apply:

- A-Autism CD-Cognitive Disability EBD-Emotional/Behavioral Disability
 H-Hearing Impaired OHI-Other Health Impairment SDD-Significant Development Delay
 SL-Speech & Language SLD-Specific Learning Disability V-Visually Impaired
 Other

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, incomplete statements, or misrepresentations may subject me to any and all applicable civil and criminal penalties. A copy of this authorization shall be effective as the original.

Parent/Guardian Signature _____ Date _____

Please list any siblings

First Name	MI	Last Name	Date of Birth	Gender	Race

This institution is an equal opportunity provider.

Sauk Prairie School District 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.

AM Bus Plan

2017-18

Student's Name: _____

School Attending: High Middle Grand Bridges Merrimac Tower Rock

Monday Rural Bus

- Bus Stop-21st & Elsing Park
- Bus Stop-21st & Fullerton
- Bus Stop-Taylor Trail Gazebo
- Bus Stop-Madison Street & Paulina St

- In-Town-Bridges to Grand
- In-Town-Bridges to St Aloysius
- In-Town-Grand to Bridges
- In-Town-Grand to St Aloysius
- In-Town-St Aloysius to Bridges
- In-Town-St Aloysius to Grand

Alternate Location: _____

If your child is using a Rural Bus and will be picked up at an alternate location (not your home address) list the pickup name, address and phone number.

Tuesday Rural Bus

- Bus Stop-21st & Elsing Park
- Bus Stop-21st & Fullerton
- Bus Stop-Taylor Trail Gazebo
- Bus Stop-Madison Street & Paulina St

- In-Town-Bridges to Grand
- In-Town-Bridges to St Aloysius
- In-Town-Grand to Bridges
- In-Town-Grand to St Aloysius
- In-Town-St Aloysius to Bridges
- In-Town-St Aloysius to Grand

Alternate Location: _____

If your child is using a Rural Bus and will be picked up at an alternate location (not your home address) list the pickup name, address and phone number.

Wednesday Rural Bus

- Bus Stop-21st & Elsing Park
- Bus Stop-21st & Fullerton
- Bus Stop-Taylor Trail Gazebo
- Bus Stop-Madison Street & Paulina St

- In-Town-Bridges to Grand
- In-Town-Bridges to St Aloysius
- In-Town-Grand to Bridges
- In-Town-Grand to St Aloysius
- In-Town-St Aloysius to Bridges
- In-Town-St Aloysius to Grand

Alternate Location: _____

If your child is using a Rural Bus and will be picked up at an alternate location (not your home address) list the pickup name, address and phone number.

Thursday Rural Bus

- Bus Stop-21st & Elsing Park
- Bus Stop-21st & Fullerton
- Bus Stop-Taylor Trail Gazebo
- Bus Stop-Madison Street & Paulina St

- In-Town-Bridges to Grand
- In-Town-Bridges to St Aloysius
- In-Town-Grand to Bridges
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If your child is using a Rural Bus and will be picked up at an alternate location (not your home address) list the pickup name, address and phone number.

Friday Rural Bus

- Bus Stop-21st & Elsing Park
- Bus Stop-21st & Fullerton
- Bus Stop-Taylor Trail Gazebo
- Bus Stop-Madison Street & Paulina St

- In-Town-Bridges to Grand
- In-Town-Bridges to St Aloysius
- In-Town-Grand to Bridges
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Alternate Location: _____

If your child is using a Rural Bus and will be picked up at an alternate location (not your home address) list the pickup name, address and phone number.

Parent Signature _____

Date _____

After School Dismissal Plan

Student's Name: _____

School Attending: High Middle Grand Bridges Merrimac Tower Rock

- Monday**
- After School Club
 - Car Pickup/Walk/Bike
 - Drive
 - Rural Bus
 - Merrimac to Grand

- Bus Stop-21st & Elsing Park
- Bus Stop-21st & Fullerton
- Bus Stop-Taylor Trail Gazebo
- Bus Stop-Madison Street & Paulina St

- Bus Stop-Tower St
- Bus Stop-Bates St & Cedar St (elementary students only)
- Bus Stop-Mulberry St & Chestnut St (elementary students only)
- Bus Stop-Community Center (elementary students only)
- In-Town-St Aloysius to Bridges

- In-Town-Bridges to Grand
- In-Town-Bridges to St Aloysius
- In-Town-Grand to Bridges
- In-Town-Grand to St Aloysius
- In-Town-St Aloysius to Grand

Alternate Location: _____

If your child is using a Rural Bus and will be dropped off at an alternate location (not your home address) list the drop-off name, address and phone number.

- Tuesday**
- After School Club
 - Car Pickup/Walk/Bike
 - Drive
 - Rural Bus
 - Merrimac to Grand

- Bus Stop-21st & Elsing Park
- Bus Stop-21st & Fullerton
- Bus Stop-Taylor Trail Gazebo
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Alternate Location: _____

If your child is using a Rural Bus and will be dropped off at an alternate location (not your home address) list the drop-off name, address and phone number.

On the 7 scheduled early release days elementary will be released @1:30 p.m. & Middle/High School at 1:50 p.m. Not applicable for K4-they do not attend on these days.

Usual daily plan Other _____

Alternate location - Name, phone number and address

On emergency release days which are possible early dismissal due to weather or other emergency.

Usual daily plan Other _____

Alternate location - Name, phone number and address

Please contact the school office if your child's dismissal plan can't be documented with the above choices.

Parent Signature _____

Date _____

Home Language Survey

Student Name _____

1. Is a language other than English spoken in the home on a regular basis? Yes No

If YES, what language(s)? _____

2. Does the student use language other than English on a regular basis? Yes No

If YES, what language(s)? _____

3. Is the student currently receiving "English Language Learner" services? Yes No

If any question (1-3) is marked "YES", then the district has a legal obligation to evaluate for limited-English proficiency following the WI identification process.

4. Can you or your spouse speak and understand English? Yes No

5. Can you or your spouse read school notes in English? Yes No

Parent's Signature _____ Date _____

Sauk Prairie School District Emergency Medical/Dental Notification

2017-18

Student Full Name _____

Emergency Transport & Treatment

When a student becomes ill or injured at school, it may be necessary for the student to be taken home, to a doctor, or to 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.

Sharing Information

Hospital/medical staff may share information with school personnel (check one below):

Name (to verify the student is a patient at the medical facility) and health status

OR

Name only (to verify the student is a patient at the medical facility)

Signature of Parent/Guardian _____ Date _____

Permission Form

Student Name _____

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: <http://www.neola.com/sauk-wi/> and the handbook at <http://www.saukprairieschools.org/family/district-handbook.cfm>.

Permissions are:

- Yes No **1. Military Recruiters – Policy & Guideline 8330**
Permission to release student name, address, and/or phone numbers to military recruiters.
- Yes No **2. Post-Secondary – Policy & Guideline 8330**
Permission to release student name, address, and/or phone numbers to post-secondary institutions (i.e., colleges, universities, technical schools).
- Yes No **3. Schoolwork – Policy & Guideline 7540**
Permission for my child's schoolwork projects to be displayed on the school district web page. I authorize and license the 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.
- Yes No **4. Internet Usage – Policy & Guideline 7540.03**
Permission for my child to use and access the Internet at school and for the Board to issue technology and/or Internet accounts including email to my child. I agree that my child will abide by Board and school technology related policies including by not limited to acceptable computer, Internet, or technology use.
- Yes No **5. Photographs & Videotaping – Policy 7540, 7540.02 & 9120 & Guideline 7540, 9120a & 9120b**
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 student's photo/video, which may include the student's first name to be published on a student, classroom, school, business partner, or district website and permission for my student's photo and name to be used in local newspaper and on the Public Access Channel.

Yes No

6. Field Trips – Policy 2340 & Guideline 2340a

During the course of the school year, students participate in field trips, community walks and visits to various destinations within the Sauk Prairie School District (e.g. high school pool, parks, public 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 of school grounds. This permission form allows your child to go on school sponsored field trips that are walking or in-town bus shuttle trips to visit local destinations. However, 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 that is not a community walk or in-town shuttle bus field trip.

Permission for my child to attend supervised community walks and in-town shuttle bus field trips to/from destinations within the Sauk Prairie School District.

Acknowledgement:

Yes No

1. Handbook - Policy & Guideline 5500

I acknowledge it is my responsibility to read and be informed on school information and policies. I am aware that the Sauk Prairie School District Handbook is available on the School District website at <http://www.saukprairieschools.org/family/district-handbook.cfm> or I can pick up a paper copy from school offices.

Parent/Guardian Signature _____ Date _____

Student Health History Information Form (Rev. 3/2015)

Student Name: First _____ Last _____ Middle _____

Birthdate: ____ / ____ / ____

Grade: _____

Sex: Male Female

Parent/Guardian: _____

Child's Health Concerns-PLEASE CHECK ALL THAT APPLY

Health Condition	Current	Past	Cause	Reaction	Treatment
Allergy—Animal					
Allergy — Environmental					
Allergy—Food					
Allergy — Insect					
Allergy — Medication					
Asthma					
Frequent Ear Problems					
Hearing Problem					
Headaches					
Heart Condition					
Seizures					
Stomach/Bowel Problem					
OTHER					

Health Condition	Current	Past	Treatment
ADHD/ADD			
Bedwetting/Bladder Problems			
Bleeding Disorder			
Bone/Joint/Muscle Problems			
Cancer			
Concussion/Head Injury			
Cerebral Palsy			
Dental Problems			
Diabetes			
Hepatitis			
Kidney Problem			
Lyme Disease			
Meningitis—history			
Mental Health Concerns			
Muscular Dystrophy			
Nosebleeds			
Tuberculosis			
OTHER			

Please explain if needed: _____

Student Health History Information Form

My child requires vision correction: glasses contacts NO vision correction required

Has your child had Chicken Pox? yes no year/age _____/_____

Has your child had any serious injuries? : yes no If yes, please describe the injury and when it happened.

Has your child had any surgery? : yes no If yes, please describe the surgery and when it happened.

Any limitations to your child's activities? Yes No

If yes, please explain: _____

Special Needs/Concerns (prosthesis, wheelchair, crutches, walker): _____

Does your child take any medication regularly? Yes No If yes, please explain:

Does your child need to have medication administered at school? Yes No *If Yes*, please request a Medication and Procedure Consent Form

PLEASE NOTE: A Medication and Procedure consent Form is required if medication is to be administered to a student at school by school personnel or for a student to self-administer emergency medication.

For the safety of your child all emergency medications (i.e. epipen, inhaler, glucagon) should be provided for use during the school day and at all school-sponsored activities..

Can child self-administer emergency medication (epipen, glucagon, inhaler) Yes No

Is there a health concern you would like to discuss with a school nurse at this time?: YES NO

No Health Concerns at this time

Name of person completing this form: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____



Sauk Prairie School District

440 13th Street

Prairie du Sac, WI 53578

Phone: 608-643-5990 Fax: 608-643-6216

Release of Records Request

Date _____

Records requested from:

School District _____

School Name _____

Address City, State, Zip _____

Fax Number/Email _____

Student _____ DOB _____

Student _____ DOB _____

Student _____ DOB _____

Enrollment in the Sauk Prairie Public School District has been completed. Please forward school records including:

- Immunization
- Cumulative Records
- Attendance
- Scholarship and behavioral records
- IEP-Individual Educational Plan team reports, copy of permission to evaluate, the copy of permission to place
- Any other pupil records as appropriate

Please send the requested records to the school indicated below. Thank you for your assistance and early attention to this request.

- Student Services, 440 13th St., Prairie du Sac, WI 53578 FAX: 608-643-6216
- High School Guidance, 105 9th St., Prairie du Sac, WI 53578 FAX: 608-643-5419
- Middle School Student Records, 207 Maple St., Sauk City, WI 53583 FAX: 608-643-5503
- Grand Avenue Elementary, 225 Grand Ave., Prairie du Sac, WI 53578 FAX: 608-643-1957
- Bridges Elementary, 1200 Broadway St., Prairie du Sac, WI 53578 FAX: 608-643-1849
- Merrimac Community Charter School, 360 School St., Merrimac, WI 53561 FAX: 608-493-2895
- Tower Rock Elementary School, S9033 Denzer Rd., Prairie du Sac, WI 53578 FAX: 608-544-5801

PARENTAL PERMISSION IS NO LONGER REQUIRED when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Education Records. Federal Register, June 17, 1976. Vol. 41, No. 118, Page 24673) Wisconsin Statute 118.125 (4) - TRANSFER OF RECORDS. Within 5 working days, a school district shall transfer to another school or school district all pupil records relating to a specific pupil if the transferring school district has received written notice from the pupil if he or she is an adult, or his or her parent if the pupil is a minor that the pupil.

This institution is an equal opportunity provider

For Office Use Only

Faxed/Emailed

Date _____

Initials _____