

**SAUK PRAIRIE SCHOOL DISTRICT**  
**4K PROGRAM**  
**REGISTRATION FORM**

Child's Legal Name: \_\_\_\_\_ Sex:  Male  Female  
Last First Middle

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Address: \_\_\_\_\_  
Street City Zip

Parent/Guardian's Name: \_\_\_\_\_  
Last First Middle - Last First Middle

Is your child currently enrolled in a preschool, Head Start, day care, or early childhood program?  
 Yes  No If yes, where? \_\_\_\_\_

**Site Determination:** Your **attendance site** is determined by **your place of residence or location of daycare** and round trip transportation is provided per established district routes. If you are unsure of your attendance site, call Susan at 643-5984. The a.m. session time is 8:05-10:50 and the p.m. session time is 12:15-3:00, Monday through Friday.

**You will be assigned** a 4K provider based on your residence/attendance site. Please indicate your preference by entering an "X". **Your preference is not a guaranteed placement.** (Note: The Merrimac attendance site would be two full days, Mondays and Wednesdays, if there were enough enrolled. Select an alternate site in case the Merrimac site does not run.)

**Tower Rock**

Tower Rock

**East of the river-A.M.**

a.m. SP Nursery Center

**West of the river- P.M.**

(Grand Ave/Bridges Elementary area)

**MCCS**

Merrimac

a.m. Bridges Elementary

p.m. SP Nursery Center

\_\_\_\_\_ - Alternate Site

p.m. Bridges Elementary

**Location at which child is to be picked up:**

\_\_\_\_\_  
Name Address Phone

**Location at which child is to be dropped off:**

\_\_\_\_\_  
Name Address Phone

**4K Check List –**

- My child is 4 years old by September 1st.
- I have completed the 4K Registration Form.
- I have completed the District Enrollment Section.
- I have completed the Developmental Review Forms—ASQ 3.
- I have provided my child's birth certificate for viewing (or provided a copy of the birth certificate).
- I have provided a copy of my child's immunization records.

Parent Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Return this form, copy of birth certificate and immunization records to**  
 Sauk Prairie School District, 440 13<sup>th</sup> St., Prairie du Sac 53578 **by February 16th.**

# Sauk Prairie School District New Student Enrollment Form

For Office Use Only

School \_\_\_\_\_

Starting Date \_\_\_\_\_

BC Imm PofRes 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.*

# 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.

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

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Any limitations to your child's activities?  Yes  No

If yes, please explain: \_\_\_\_\_

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

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

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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

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Name of person completing this form: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian 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 \_\_\_\_\_

# AM Bus Plan

2017-18

Student's Name: \_\_\_\_\_ School Attending: High Middle Grand Bridges Merrimac Tower Rock

- Monday Rural Bus
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Elsing Park | <input type="checkbox"/> Bus Stop-Tower St   | <input type="checkbox"/> In-Town-Bridges to Grand       |
| <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Fullerton   | <input type="checkbox"/> Bus Stop-Bates St & Cedar St (elementary students only)       | <input type="checkbox"/> In-Town-Bridges to St Aloysius |
| <input type="checkbox"/> Bus Stop-Taylor Trail Gazebo            | <input type="checkbox"/> Bus Stop-Mulberry St & Chestnut St (elementary students only) | <input type="checkbox"/> In-Town-Grand to Bridges       |
| <input type="checkbox"/> Bus Stop-Madison Street & Paulina St    | <input type="checkbox"/> Bus Stop-Community Center (elementary students only)          | <input type="checkbox"/> In-Town-Grand to St Aloysius   |
|  |  | <input type="checkbox"/> In-Town-St Aloysius to Bridges |
|  |  | <input type="checkbox"/> 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
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Elsing Park | <input type="checkbox"/> Bus Stop-Tower St   | <input type="checkbox"/> In-Town-Bridges to Grand       |
| <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Fullerton   | <input type="checkbox"/> Bus Stop-Bates St & Cedar St (elementary students only)       | <input type="checkbox"/> In-Town-Bridges to St Aloysius |
| <input type="checkbox"/> Bus Stop-Taylor Trail Gazebo            | <input type="checkbox"/> Bus Stop-Mulberry St & Chestnut St (elementary students only) | <input type="checkbox"/> In-Town-Grand to Bridges       |
| <input type="checkbox"/> Bus Stop-Madison Street & Paulina St    | <input type="checkbox"/> Bus Stop-Community Center (elementary students only)          | <input type="checkbox"/> In-Town-Grand to St Aloysius   |
|  |  | <input type="checkbox"/> In-Town-St Aloysius to Bridges |
|  |  | <input type="checkbox"/> 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
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Elsing Park | <input type="checkbox"/> Bus Stop-Tower St   | <input type="checkbox"/> In-Town-Bridges to Grand       |
| <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Fullerton   | <input type="checkbox"/> Bus Stop-Bates St & Cedar St (elementary students only)       | <input type="checkbox"/> In-Town-Bridges to St Aloysius |
| <input type="checkbox"/> Bus Stop-Taylor Trail Gazebo            | <input type="checkbox"/> Bus Stop-Mulberry St & Chestnut St (elementary students only) | <input type="checkbox"/> In-Town-Grand to Bridges       |
| <input type="checkbox"/> Bus Stop-Madison Street & Paulina St    | <input type="checkbox"/> Bus Stop-Community Center (elementary students only)          | <input type="checkbox"/> In-Town-Grand to St Aloysius   |
|  |  | <input type="checkbox"/> In-Town-St Aloysius to Bridges |
|  |  | <input type="checkbox"/> 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
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Elsing Park | <input type="checkbox"/> Bus Stop-Tower St   | <input type="checkbox"/> In-Town-Bridges to Grand       |
| <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Fullerton   | <input type="checkbox"/> Bus Stop-Bates St & Cedar St (elementary students only)       | <input type="checkbox"/> In-Town-Bridges to St Aloysius |
| <input type="checkbox"/> Bus Stop-Taylor Trail Gazebo            | <input type="checkbox"/> Bus Stop-Mulberry St & Chestnut St (elementary students only) | <input type="checkbox"/> In-Town-Grand to Bridges       |
| <input type="checkbox"/> Bus Stop-Madison Street & Paulina St    | <input type="checkbox"/> Bus Stop-Community Center (elementary students only)          | <input type="checkbox"/> In-Town-Grand to St Aloysius   |
|  |  | <input type="checkbox"/> In-Town-St Aloysius to Bridges |
|  |  | <input type="checkbox"/> 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.

- Friday Rural Bus
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Elsing Park | <input type="checkbox"/> Bus Stop-Tower St   | <input type="checkbox"/> In-Town-Bridges to Grand       |
| <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Fullerton   | <input type="checkbox"/> Bus Stop-Bates St & Cedar St (elementary students only)       | <input type="checkbox"/> In-Town-Bridges to St Aloysius |
| <input type="checkbox"/> Bus Stop-Taylor Trail Gazebo            | <input type="checkbox"/> Bus Stop-Mulberry St & Chestnut St (elementary students only) | <input type="checkbox"/> In-Town-Grand to Bridges       |
| <input type="checkbox"/> Bus Stop-Madison Street & Paulina St    | <input type="checkbox"/> Bus Stop-Community Center (elementary students only)          | <input type="checkbox"/> In-Town-Grand to St Aloysius   |
|  |  | <input type="checkbox"/> In-Town-St Aloysius to Bridges |
|  |  | <input type="checkbox"/> 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.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# After School Dismissal Plan

Student's Name: \_\_\_\_\_

School Attending:    High    Middle    Grand    Bridges    Merrimac    Tower Rock

- |        |   |  |  |   |
|--------|---|--|--|---|
| Monday | <input type="checkbox"/> After School Club    | <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Elsing Park | <input type="checkbox"/> Bus Stop-Tower St   | <input type="checkbox"/> In-Town-Bridges to Grand       |
|        | <input type="checkbox"/> Car Pickup/Walk/Bike | <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Fullerton   | <input type="checkbox"/> Bus Stop-Bates St & Cedar St (elementary students only)       | <input type="checkbox"/> In-Town-Bridges to St Aloysius |
|        | <input type="checkbox"/> Drive                | <input type="checkbox"/> Bus Stop-Taylor Trail Gazebo            | <input type="checkbox"/> Bus Stop-Mulberry St & Chestnut St (elementary students only) | <input type="checkbox"/> In-Town-Grand to Bridges       |
|        | <input type="checkbox"/> Rural Bus            | <input type="checkbox"/> Bus Stop-Madison Street & Paulina St    | <input type="checkbox"/> Bus Stop-Community Center (elementary students only)          | <input type="checkbox"/> In-Town-Grand to St Aloysius   |
|        | <input type="checkbox"/> Merrimac to Grand    |  | <input type="checkbox"/> In-Town-St Aloysius to Bridges                                | <input type="checkbox"/> 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 | <input type="checkbox"/> After School Club    | <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Elsing Park | <input type="checkbox"/> Bus Stop-Tower St   | <input type="checkbox"/> In-Town-Bridges to Grand       |
|         | <input type="checkbox"/> Car Pickup/Walk/Bike | <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Fullerton   | <input type="checkbox"/> Bus Stop-Bates St & Cedar St (elementary students only)       | <input type="checkbox"/> In-Town-Bridges to St Aloysius |
|         | <input type="checkbox"/> Drive                | <input type="checkbox"/> Bus Stop-Taylor Trail Gazebo            | <input type="checkbox"/> Bus Stop-Mulberry St & Chestnut St (elementary students only) | <input type="checkbox"/> In-Town-Grand to Bridges       |
|         | <input type="checkbox"/> Rural Bus            | <input type="checkbox"/> Bus Stop-Madison Street & Paulina St    | <input type="checkbox"/> Bus Stop-Community Center (elementary students only)          | <input type="checkbox"/> In-Town-Grand to St Aloysius   |
|         | <input type="checkbox"/> Merrimac to Grand    |  | <input type="checkbox"/> In-Town-St Aloysius to Bridges                                | <input type="checkbox"/> 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.

- |           |   |  |  |   |
|-----------|---|--|--|---|
| Wednesday | <input type="checkbox"/> After School Club    | <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Elsing Park | <input type="checkbox"/> Bus Stop-Tower St   | <input type="checkbox"/> In-Town-Bridges to Grand       |
|           | <input type="checkbox"/> Car Pickup/Walk/Bike | <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Fullerton   | <input type="checkbox"/> Bus Stop-Bates St & Cedar St (elementary students only)       | <input type="checkbox"/> In-Town-Bridges to St Aloysius |
|           | <input type="checkbox"/> Drive                | <input type="checkbox"/> Bus Stop-Taylor Trail Gazebo            | <input type="checkbox"/> Bus Stop-Mulberry St & Chestnut St (elementary students only) | <input type="checkbox"/> In-Town-Grand to Bridges       |
|           | <input type="checkbox"/> Rural Bus            | <input type="checkbox"/> Bus Stop-Madison Street & Paulina St    | <input type="checkbox"/> Bus Stop-Community Center (elementary students only)          | <input type="checkbox"/> In-Town-Grand to St Aloysius   |
|           | <input type="checkbox"/> Merrimac to Grand    |  | <input type="checkbox"/> In-Town-St Aloysius to Bridges                                | <input type="checkbox"/> 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.

- |          |   |  |  |   |
|----------|---|--|--|---|
| Thursday | <input type="checkbox"/> After School Club    | <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Elsing Park | <input type="checkbox"/> Bus Stop-Tower St   | <input type="checkbox"/> In-Town-Bridges to Grand       |
|          | <input type="checkbox"/> Car Pickup/Walk/Bike | <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Fullerton   | <input type="checkbox"/> Bus Stop-Bates St & Cedar St (elementary students only)       | <input type="checkbox"/> In-Town-Bridges to St Aloysius |
|          | <input type="checkbox"/> Drive                | <input type="checkbox"/> Bus Stop-Taylor Trail Gazebo            | <input type="checkbox"/> Bus Stop-Mulberry St & Chestnut St (elementary students only) | <input type="checkbox"/> In-Town-Grand to Bridges       |
|          | <input type="checkbox"/> Rural Bus            | <input type="checkbox"/> Bus Stop-Madison Street & Paulina St    | <input type="checkbox"/> Bus Stop-Community Center (elementary students only)          | <input type="checkbox"/> In-Town-Grand to St Aloysius   |
|          | <input type="checkbox"/> Merrimac to Grand    |  | <input type="checkbox"/> In-Town-St Aloysius to Bridges                                | <input type="checkbox"/> 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.

- |        |   |  |  |   |
|--------|---|--|--|---|
| Friday | <input type="checkbox"/> After School Club    | <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Elsing Park | <input type="checkbox"/> Bus Stop-Tower St   | <input type="checkbox"/> In-Town-Bridges to Grand       |
|        | <input type="checkbox"/> Car Pickup/Walk/Bike | <input type="checkbox"/> Bus Stop-21 <sup>st</sup> & Fullerton   | <input type="checkbox"/> Bus Stop-Bates St & Cedar St (elementary students only)       | <input type="checkbox"/> In-Town-Bridges to St Aloysius |
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|        | <input type="checkbox"/> Merrimac to Grand    |  | <input type="checkbox"/> In-Town-St Aloysius to Bridges                                | <input type="checkbox"/> 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.

**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 \_\_\_\_\_