



NEW STUDENT REGISTRATION FORM - SECONDARY

A NON-REFUNDABLE BOOK & MATERIAL FEE OF \$45 IS DUE AT THE TIME OF REGISTRATION.

Student Legal Name: (First Name) (Full Middle Name) (Last Name) (Suffix-Jr., III, etc.)

Place of Birth: (City) (State) (County)

Birth Date: Gender: Male Female

Bus Student: YES NO

Grade Entering: If born outside U.S., date first attended a U.S. school:

School last attended: (School name) (Street) (City) (State) (Zip Code)

Date last attended at previous school:

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RACE: (Federal regulations require both questions must be answered)

1. Is this student Hispanic or Latino? Yes No

AND

2. Choose one or more, but at least one: Asian American Indian or Alaska Native Black or African American Native Hawaiian or Other Pacific Islander White

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Has this student ever attended a Wisconsin Rapids Public School? Yes No

If yes, what school?

Has this student ever been enrolled in any type of special education program? Yes No If yes, please explain:

Is this student currently receiving "English Language Learner" Services (ELL, EL, ESL)? Yes No

Wisconsin State Statute 120.13 (1) (f) states that no school board is required to enroll a pupil during the term of his or her expulsion from another school district. Has this student ever been expelled from a school or have an abeyance agreement in lieu of expulsion? Yes No If yes, please explain.

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PLEASE TURN FORM OVER AND COMPLETE BACK SIDE

MIGRANT INFORMATION

- Have you moved within the preceding thirty-six (36) months for the purpose of finding seasonal or temporary employment directly related to the producing or processing of crops or livestock, dairy farm employment, planting or harvesting trees, or catching shell fish or fish in natural waters?

YES NO → **IF YOU CHECK “NO,” skip the questions below and go straight to LANGUAGE INFORMATION area of the form below.**

If yes:

When did you move? _____

From where did you move? _____

To where did you move? _____

- Did any children from birth to twenty-one (21) years of age move with you, or move to join you, related to this work search or employment? YES NO
- Are you under twenty-two (22) years of age? YES NO
- May local or state education staff visit with you at your home for more information from you about migratory children in your household?

 YES NO Best time of availability: _____

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LANGUAGE INFORMATION

1. Is a language other than English spoken in the student’s home on a regular basis? YES NO
If YES, what language is spoken? Hmong Spanish Other: _____
2. Does the student use language other than English on a regular basis? YES NO
If YES, what language is it? Hmong Spanish Other: _____
3. Do you want a translator available at school conferences? YES NO
4. Do you require a sign language interpreter at school activities? YES NO

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MILITARY QUESTIONNAIRE

We are required to ask the following information (please check “yes” or “no” as appropriate):

- Is either parent or guardian on active duty in the military? YES NO
- Is either parent or guardian a traditional member of the Guard or Reserve? YES NO
- Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? YES NO

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

- If English is the first or primary language and child is not a migrant, file registration form in student file.
- If Language Question 1-3 is “YES,” file the original and send a copy to Jill Piatt in Pupil Services.
- If the student is a migrant, change the status for migrant on the WI/NCLB tab in Skyward to “yes,” file the original survey in the student file, and send a copy to Jill Piatt in Pupil Services.



NEW STUDENT MEDICAL RECORD

WISCONSIN RAPIDS PUBLIC SCHOOLS

This information will be shared with appropriate school personnel only.

Student Name: _____ Gender: M / F Birth Date: _____ Age: _____ Grade _____

Parent/Legal Guardian: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone number: _____

Physician: _____ Phone # _____ Copy of Immunizations: Yes No

Dentist: _____ Phone # _____

Does your child take prescribed medication? Yes No If Yes... Taken At Home Taken At School

What medication: _____

What for: _____

MEDICAL HISTORY (check items child has had)

- Arthritis _____ Chicken Pox _____ High Blood Pressure _____
Asthma _____ Diabetes _____ Premature Birth _____
Attention Deficit Disorder _____ Ear Infections (chronic) _____ Traumatic Brain Injury _____
Bladder/Kidney Infection _____ Epilepsy _____
Blood Disorder _____ Emotional/Mental Illness _____
Bowel Problems _____ Heart Disease/Defect _____

Additional Information _____

Vision Problem (explain) _____

Does your child wear glasses? Yes _____ No _____ Does your child wear contact lenses? Yes _____ No _____

Hearing Problem (explain) _____

Student has allergies to: Animals Foods Insects Medication Seasonal

Specify Allergies: _____

Describe Allergic Reaction: _____

Does your child require an EpiPen? Yes _____ No _____ Antihistamine (Benadryl) Yes _____ No _____

Serious accidents: _____

Operations (what and when): _____

Are there any special medical or other concerns that the school should be aware of to enable us to design an educational program for your child? _____

Are there any health conditions regarding your child that you would like to discuss with the school nurse? Yes _____ No _____

(For Kindergarten Only) Is your child toilet trained? Yes _____ No _____

Parent Signature

Date



510 Peach Street
Wisconsin Rapids, WI 54494
(715) 424-6700

**WISCONSIN RAPIDS PUBLIC SCHOOLS
DISTRICT STUDENT INFORMATION FORM**

Primary Phone: _____
Student Legal Last Name / Full First Name / Full Middle Name / Suffix (Jr., III, etc.)

School attending: _____ Student Cell Phone (optional): _____

Are you attending under: Boundary Exception Open Enrollment Neither – this is student’s normal attendance area

Grade: _____ Birth Date: _____ Age: _____ Gender: Male Female

Who has primary/physical custody of student? Father/Mother in Same Home Together Father Mother Step Parent
 Foster Parent Guardian 50/50 Joint Custody Father/Mother Other _____
(Primary custodians listed under Family 1 will be contacted FIRST in cases of emergency or illness.)

Do you have a court ordered custody agreement? Yes No N/A
(If YES, please provide a copy of the most current paperwork.)

Who does the student live with? If child lives with BOTH parents at same address, please fill out section ❶. If child lives part-time at one residence as the primary placement address, and part-time at another address due to a custody arrangement, please fill out the information in section ❶ below for the primary placement address, and section ❷ below to indicate the *secondary* address where the child resides.

❶ FAMILY 1 Please include your e-mail address on this form – it is very important for communication.

This gray section pertains to the person having primary custody who is completing this form:

YOUR Name: _____

Relationship to Student: _____

Place of Employment: _____

YOUR Address: _____

City State Zip

Cell Phone: _____

E-mail address: _____

Work Phone: _____

Times Worked:

Home Phone: _____

Name of Other Adult Contact Person at Above Address:

Relationship to Student: _____

Place of Employment: _____

If the above individual is a step-parent, do you grant permission for the school to communicate with and share information with him/her concerning the student whom you are enrolling? YES NO

Cell Phone: _____

E-mail address: _____

Work Phone: _____

Times Worked:

NOTE: Persons who are not parents, legal guardians, step-parents, or foster parents should be listed on the back under "Emergency Contacts." (Examples: Adult Siblings, Aunts, Uncles, Grandparents, Friends)

❷ FAMILY 2

Relationship: Father Mother Step Parent Foster Parent Guardian Other _____

Name(s): _____

Address: _____

City State Zip

Place of Employment: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Work Phone: _____

Times Worked:

Please turn form over to complete back side.

Revised 7/01/15-mah

CURRENTLY, where is the **student** living? (**Check one**) *Please note: This is a required question which affects District funding for our Homeless program. Thank you for taking the time to answer this question.*

- WITH parent/guardian in own home or apartment
- WITH friends or family members (without parent/guardian)
- WITH parent/guardian at another family/friend's home due to loss of housing or as a result of economic hardship
- IN shelter (example: Family Center) IN motel, car, or campsite
- STUDENT on own, in home or apartment OTHER (please explain) _____

Other children from your household attending Wisconsin Rapids Public Schools:

Name : _____ School: _____ Grade: _____

Name : _____ School: _____ Grade: _____

Name : _____ School: _____ Grade: _____

Name : _____ School: _____ Grade: _____

DAYCARE PROVIDER (if applicable): Does your child attend daycare? Please fill in the information below concerning daycare attendance:

NAME OF DAYCARE PROVIDER(s): _____

ADDRESS: _____ PHONE: _____

EMERGENCY CONTACTS: List **up to four individuals** who will assume temporary care of your child and/or has your permission to pick your child up from school if you cannot be reached:

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

WHILE participating in school activities and/or attending FIELD TRIPS, I authorize treatment by a licensed medical physician/dentist of the above minor in the event of a medical/dental emergency that, in the opinion of the attending physician/dentist, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. The authority granted is only to be exercised after reasonable efforts have been made to reach me *if time so permits*. If I cannot be reached, I authorize the school Principal, teacher certified CPR/first aide staff, or my designated contact person to call or drive my child to the physician or dentist listed above, or the nearest hospital if emergency care is needed. An ambulance may be called if necessary. This release form is completed and signed below of my own free will and is for the sole purpose of authorizing necessary medical treatment under emergency circumstances in my absence. **Special Accommodations:** Students with disabilities who need special accommodations to participate in activities should inform the school, prior to activity date.

Parent/Guardian Signature

Date

STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age/grade level according to the Wisconsin Student Immunization Law. Additional immunizations may be recommended for your child depending on his/her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

Grade/Age	Number of Doses					
Pre-K (ages 2 through 4 yrs) ¹	4 DTaP/DTP/DT ²	3 Polio	3 Hepatitis B ⁶	1 MMR ⁷	1 Varicella ⁸	
Kindergarten through Grade 5	4 DTaP ¹ /DTP/DT/Td ^{2,3}	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸	
Grades 6 through 12	4 DTaP/DTP/DT/Td ²	1 Tdap ⁴	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸

1. Children > 4 years of age who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5 which would normally correspond to the individual's age.
2. D= diphtheria, T= tetanus, P= pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students Pre-K through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. Note: a dose four days or less before the 4th birthday is also acceptable.
3. DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. Note: a dose four days or less before the 4th birthday is also acceptable.
4. Tdap is adolescent tetanus, diphtheria and acellular pertussis vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
5. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. Note: a dose four days or less before the 4th birthday is also acceptable.
6. Laboratory evidence of immunity to hepatitis B is also acceptable.
7. MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the first birthday Note: a dose four days or less before the 1st birthday is also acceptable. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable.
8. Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

PERSONAL DATA

PLEASE PRINT

Step 1	Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian		Address (Street, City, State, Zip)			Telephone Number ()	

IMMUNIZATION HISTORY

Step 2 List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, Tdap, or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DOSE MM/DD/YYYY	THIRD DOSE MM/DD/YYYY	FOURTH DOSE MM/DD/YYYY	FIFTH DOSE MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine <i>Vaccine is required only if your child has not had chickenpox disease. See below:</i>					
Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> YES _____ Year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)	Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s)				

REQUIREMENTS

Step 3 Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4 **STUDENT MEETS ALL REQUIREMENTS**
Sign at Step 5 and return this form to school.
_____ Or _____

STUDENT DOES NOT MEET ALL REQUIREMENTS
Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL the required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations _____

SIGNATURE - PhysicianDate Signed

For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap, Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

SIGNATURE

Step 5 This form is complete and accurate to the best of my knowledge. Check one: (I do I do not) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult StudentDate Signed