## **RICHLAND SCHOOL DISTRICT - STUDENT ENROLLMENT FORM**

Student's Legal Name							For School	Use Only
C C	First Name			Middle Initial	Last Name		Enrollment Date	
Date of Birth	Month I	Day	Year	Gender	Male	Female	Birth Certificate Ve	rified
Place of Birth	City			State	County	Country	Grade	
Ethnicity (Choose 1)		tudent Hi	spanic or La	atino?	No, 1	not Hispanic or Latino	Yes, Hispan	ic or Latino
Race (Choose 1 or more)			n Indian or Al ive Hawaiian	aska Native or Other Pacific I	Asian Asian	Black or Afric	an American	
Student's first language	learned:				Languages	used in the home:		
In what language would	you like to r Spanish		formation fro	om school?	Language	used most often:		
Resident of Richland So	chool District	?	Yes 🗌 No	) If not, app	proved for Ope	n Enrollment?	Yes No	
School last attended					City, S	ate		
Is your child currently expelled or in the process of expulsion from a public school?								
Is your child currently e	nrolled in a s				Yes	] No What progra	am?	
Student Need Bus Tran			ES L					
FAMILY OF RESID					e list all fam	ily members resi	ding at this resid	lence
(We will send stud	ent reports/ne	wsietters,	etc to this fan	niiy)				
PARENT/Guardian Le	gal Nam <u>e</u>							
Work Phone	( )	🗌 Mo	ther	Father Extension	Step-parent	Guardian Employer	Other	
Cell Phone	$\frac{(}{(})$			E-Mail Addre	ss			
DADENT/Quardian La	nel Neme			•				8
PARENT/Guardian Le Work Phone Cell Phone	<u>( )</u>	Mo	ther [	Father Extension E-Mail Addre	Step-parent	Guardian Employer	Other	
Oeir Thone	()		4++ <u>+</u> +	. E Mail / laaro				
ADDRESS	Number	Dir	ection	Street Name			Apt./Lot/Unit #	P.O. Box
	City				State		Zip	
Separate mailing ad	ddress (if diff	erent tha	n above)					
HOME/PRIMARY PH	IONE (	)			(	Confidential Number	Yes No	
Please list all other		Name		Date of Birth	Gender	S	chool	Grade
children 19 years of age								
and under living in this household.								

Should we mail reports to	RMATION       Please list all fami         this family?       Yes         your child's school and take response	] No		🗌 Yes 🗌 N	0	
PARENT/Guardian	Legal Name	Father	Step-parent	Guardian	Other	
Work Phone Cell Phone	() ()	Extension E-Mail Address		Employer		
PARENT/Guardian	Legal Name	Father	Step-parent	Guardian	Other	
Work Phone Cell Phone	(	Extension E-Mail Address		Employer		
ADDRESS	Number Direction	Street Name			Apt./Lot/Unit #	P.O. Box
	City		State		Zip	
Separate mailing ad	ddress (if different than above)					
HOME/PRIMARY PH	IONE (		Confi	dential Number	Yes No	
Please list all other children 19 years of age	Name	Date of Birth	Gender	Sc	shool	Grade
and under living in this household.						
A certified copy of the court Type of Action: Divorce Separation Annulment Never Married Custody Dispute	Are you the custodial Is there a joint custod	on dealing with custody o parent?	r visitation?	rent?	Yes No Yes No Yes No Yes No Yes No	
	ed or ill at school and neit ho could come to the school and t				hould we call?	
1st Choice Name 2nd Choice Name	Relationship to student			Home Phone Work Phone Cell Phone Home Phone	() () ()	
	Relationship to student			Work Phone Cell Phone	( <u>)</u> ( <u>)</u>	
Childcare Provider				Day Phone	( )	
Physician Dentist Hospital		City City City City		Phone Phone Phone	() ()	
	vour child have any health prot lergic to bee stings, diabetic, e t school year? ☐ Yes ☐ t	etc.)	immediate att	tention?	Yes No	
In case of an emergend If no, what procedure sh	cy do we have your permission ould we follow?	on to take your child f	for medical a	ttention?	Yes No	



## **Richland School District**

1996 US Hwy 14 West, PO Box 649 Richland Center, WI 53581 Amber Marshall, RN

Phone: (608) 647-6131, Ext # 1512 Fax: (608) 647-8734

STUDENT HEALTH INFORMATION FORM

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

\_\_\_\_\_ Birthdate (Mo/Day/Yr)\_

Please indicate if any of the following apply to your child and give an explanation:

ALLERGIES Animal Allergies Asthma Drug Allergies Eczema Eye Allergies Food Allergies Hay Fever Nose Allergies Reaction-Insect Bites	No	Yes	Explanation/Year	GASTRO-INTESTINAL Constipation Diarrhea Food Disagreeing Stomach aches Vomit Frequently HOSPITALIZATIONS Has your child ever been hospitalized:	No   No	Yes —— —— Yes	Explanation/Year
EARS Frequent Infections Ear Surgery Hearing Loss Hearing Aid Other Ear Problems Tubes in Ears	No  	Yes	Explanation/Year	ILLNESS/DISEASE Chicken Pox Diabetes Epilepsy Heart Condition Hemophilia Hepatitis High Blood Pressure Meningitis	No	Yes	Explanation/Year
EYES Is or Was Cross-eyed Wear Glasses Vision Loss Other Eye Problems Eye Surgery Wears Contacts	No  	Yes	Explanation/Year	Mononucleosis Mumps Pneumonia Rheumatic Fever Rubella Scarlet Fever Stomach Ulcer Strep Infections			
OTHER Behavior Problems Birth Defects Emotional Problems Hyperactive Nightmares Orthopedic Problems Seizures Skeletal Problems	No	Yes   	Explanation/Year	Tuberculosis URINARY Toilet Trained (+2 yrs) Bedwetting ACCIDENTS INJURIES OPERATIONS	No 	Yes	Explanation/Year
MEDICATIONS Medications @ school	No	Yes	Reason		Name	e of Drug	
Medications @ home							

(Richland School District Medication Form needs to be filled out if taking medication at school)

Parent/Guardian Signature

(Please send form to the school nurse at the above address)

Date \_\_\_\_

(Revised 02/08, 6/13)

## 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.

Step 1	PERSONAL DATA	PLEASE PRINT		•			
	Student's Name	Birthdate (MM/DD/YY)	(Y) Gender	School		Grade	School Year
							8
	Name of Parent/Guardian/Legal Custodian	Address (Street,	City, State, Z	Zip)	Teleph	one Numbe	)r
Step 2	IMMUNIZATION HISTORY						
	List the MONTH, DAY, AND YEAR your child record question about chickenpox, Tdap, or Td. If you do department to obtain it.	o not have an immuniz	ation record	for this student at ho	SE A (ነ) OR (X) e ome, contact your	cept to ans doctor or pi	swer the ublic health
	TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DO MM/DD/YY				FIFTH DOSE MM/DD/YYYY
	DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis	3)					
	Adolescent booster (Check appropriate box)						and the state
	Polio					地で設	
	Hepatitis B					1. 11754	
	MMR (Measles, Mumps, Rubella)				shall proved	analas yang bar Analas yang bar	
	Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had				hi gina da		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	chickenpox disease. See below: Has your child had Varicella (chickenpox) disease	? Check the	Has you	r child had a blood to	est (titer) that sho	ws immunity	/ (had disease
	appropriate box and provide the year if known:		or previo	ous vaccination) to a ella 🔲 Measles 🔲	ny of the following	? (Check a	II that apply)
	☐ YES Year (Vaccine not required) ☐ NO or Unsure (Vaccine required)			provide laboratory re		ла 🗖 пер	allus D
Step 3	REQUIREMENTS						
	Refer to the age/grade level requirements for the o	current school year to	determine if	this student meets th	ne requirements.		
Step 4	COMPLIANCE DATA						
	STUDENT MEETS ALL REQUIREMENTS Sign at Step 5 and return this form to school.						
	STUDENT DOES NOT MEET ALL REQUIREMEN	NTS					
	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: Fallure 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						STUDENTS
							and FOURTH
	SIGNATURE - Physician			Date Sig	ined		
	For religious reasons, I have chosen not to	vaccinate this studen	t with the foll	-		only)	
						PP())	
	For personal conviction reasons, I have ch	osen not to vaccinate	this student IMR (Measle	with the following im s, Mumps, Rubella)	nmunizations (che	ck all that a	ipply)
Step 5	SIGNATURE						
	This form is complete and accurate to the best of m immunization records and as they are updated in th consent at any time by sending written notification to records or updates to the WIR.	e future with the Wisc	consin Immur	nization Registry (W	IR). I understand	that I may r	evoke this
	SIGNATURE - Parent/Guardian/Legal Custodian or	Adult Student	·····	Date Signe	d		



AMY HARDY Primary Principal EC to 2<sup>nd</sup> Grade LISA BROWN Intermediate Principal 3<sup>rd</sup> to 6<sup>th</sup> Grade PO Box 649 1996 US Highway 14 West Richland Center. WI 53581

608-649 HIVE (4483)

www.richland.k12.wi.us

RYAN LEMKÉ & ELIZABETH PERKINS High School Principals 7<sup>th</sup> to 12<sup>th</sup> Grade

## NOTICE TO TRANSFER STUDENT RECORDS

Name of previous school	School District		
Address	City/State/Zip		
Telephone #	Fax #		
Please take notice that the following student(s) intends to enrol	ll in the Richland School D	District beginning	Enrollment Date
Student's <u>Legal</u> Name ( <u>First, Middle, Last)</u>	Date of Birth	Grade	School <u>Attending</u>
<ul> <li>Please transfer all the student's progress and behavioral r</li> <li>School profile, academic records including cum folder, tran</li> <li>Behavioral records, multidisciplinary team reports, and any</li> <li>Student health records containing immunizations received</li> <li>ELL Records</li> <li>Athletic forms, physical forms, and athletic eligibility</li> <li>IEP RECORDS – If the student has a current IEP, pleas</li> <li># (608)647-8454 in the Special Education Department.</li> <li>Expulsion and Suspension Records: Has the student I Are they in the process of getting expelled?  YES </li> <li>Please email or fax High School transcript, current sch (608)647-8734 ASAP.</li> </ul>	nscript, progress grades, t y psychological, educatior and illnesses incurred. se e-mail or fax it to Kim been expelled from your ] NO	rest scores, and class nal, or speech/langu Rotheray at <u>rotk@</u> r district?	ss schedules age evaluations O <u>richland.k12.wi.us</u> or fax

Parent/Guardian Signature (not required)

Date

Pursuant to Wisconsin Statues 118.125(4) and Federal Regulations, Section 99.31/34, you are authorized to forward the above student's records by this office notification of student enrollment.

PLEASE MAIL:

PRIMARY RECORDS TO: Richland School District Attn: Beth Gander PO Box 649 1996 US Hwy 14 – West Richland Center, WI 53581 ganb@richland.k12.wi.us INTERMEDIATE RECORDS TO: Richland Center Intermediate School Attn: Shelby Funk PO Box 649 1801 State Hwy 80 Richland Center, WI 53581 funs@richland.k12.wi.us HIGH SCHOOL RECORDS TO: Richland Center High School Attn: Heidi Endres PO Box 649 1996 US Hwy 14 - West Richland Center, WI 53581 endh@richland.k12.wi.us

District Office – 608-647-6106 Fax – 608-647-8454 The Richland School District is an Equal Opportunity Employer/Educator

Office Use Only: Records Sent on: \_