## RICHLAND SCHOOL DISTRICT - STUDENT ENROLLMENT FORM

Student's Legal Name	First Name	Middle Initial	Last Name		For School Use Only  Enrollment Date	
Date of Birth	Month Day Year	Gender	Male	Female	Birth Certificate Verified	
Place of Birth	City	State	County	Country	Grade	
Ethnicity (Choose 1) Race	Is this student Hispanic or La			ispanic or Latino	Yes, Hispanic or Latino	
(Choose 1 or more)		or Other Pacific Isl	Asian ander	Black or Africa White	n American	
	e learned:		Languages use	ed in the home:		
English	l you like to receive information fro Spanish Dther		Language used			
Resident of Richland So	chool District? Yes No	If not, appr	oved for Open Er	rollment?	Yes No	
School last attended			_ City, State			
Is your child currently ea	xpelled or in the process of expuls	ion from a public		e of school		
	nrolled in a special education prog	_	Yes No	What prograr	n?	_
Student Need Bus Tran	oportation:	NO DI	P. ( 11.6 11			
	DENCE (Family student lives ent reports/newsletters, etc to this fam.		list all family r	nembers resid	ing at this residence	
,	,	,,				
PARENT/Guardian Le	gal Name Mother	Father	Step-parent	Guardian	Other	
Work Phone	( )	Extension		Employer		
Cell Phone	( )	E-Mail Address	·			
PARENT/Guardian Leg		7- " F	70.	——————————————————————————————————————		
Work Phone	Mother (	Father Extension	Step-parent	☐ Guardian Employer	Other	
Cell Phone	( )	E-Mail Address	3			
ADDRESS						
	Number Direction	Street Name			Apt./Lot/Unit # P.O. Box	X
	City		State		Zip	
Separate mailing ac	ddress (if different than above)					
HOME/PRIMARY PH	IONE ( )	· · · · · · · · · · · · · · · · · · ·	Confi	dential Number	Yes No	
Please list all other	Name	Date of Birth	Gender	Sc	hool Grade	
children 19 years of age and under living in this						
household.						
L						

Should we mail reports to	this family?	all family members residing Yes		Yes No	o	
PARENT/Guardian I	_egal Name		Step-parent	Guardian Employer	Other	
Work Phone Cell Phone	( )	E-Mail Addre	ess	_ Employer		
PARENT/Guardian l	egal Name	ner Father Extension	Step-parent	Guardian Employer	Other	
Work Phone Cell Phone	( )	E-Mail Addre	ess			
ADDRESS	Number Dire	ction Street Name			Apt./Lot/Unit #	P.O. Box
	City		State		Zip	
Separate mailing ac	ddress (if different than	above)	Con	fidential Number	Yes No	
Please list all other	Name	Date of Birth			chool	Grade
children 19 years of age and under living in this						
household.						
Divorce Separation Annulment Never Married Custody Dispute	Are you the court is there a join	irt order dealing with custo ustodial parent? it custody order? shild be released from sch		arent?	Yes No Yes No Yes No Yes No	
If your child is injur	ed or ill at school a	nd neither parent/gua	rdian can be co	ontacted, who s	should we call?	
1st Choice Name	Relationship to stude			Home Phone Work Phone Cell Phone	( ) ( ) ( )	
2nd Choice Name	Relationship to stude	nt		Home Phone Work Phone Cell Phone	( ) ( )	
Childcare Provider				_ Day Phone	( )	
Physician Dentist Hospital		City City City		Phone Phone Phone	( ) ( )	
In an emergency, does If so, please list? (i.e., a Is this a change from la	allergic to bee stings, d	ealth problems that may re iabetic, etc.) ∕es	equire immediate	attention?	Yes No	
in case of an emerger If no, what procedure s	ncy do we have your phould we follow?	permission to take your	child for medica	l attention?	Yes No	

4.



# **Richland School District**

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

### Cara Lemke, RN

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

Fax: (608) 647-8734

### STUDENT HEALTH INFORMATION FORM

Student's Name				Birthdate (Mo/Da	y/Yr)		
Please indicate if any of t	:he follo	wing app	ly to your child and give a	an explanation:			
ALLERGIES	No	No Yes Explanation/Year		GASTRO-INTESTINAL	No	Yes	Explanation/Year
Animal Allergies				Constipation			
Asthma				Diarrhea			
Drug Allergies				Food Disagreeing Stomach aches			
Eczema				Vomit Frequently			
Eye Allergies				vonint Frequently			
Food Allergies				HOSPITALIZATIONS	No	Yes	Explanation/Year
Hay Fever				Has your child ever	110	103	Explanation, real
Nose Allergies				been hospitalized:			
Reaction-Insect Bites				been nospitanzea.			
				ILLNESS/DISEASE	No	Yes	Explanation/Year
EARS	No	Yes	Explanation/Year	Chicken Pox			
Frequent Infections				Diabetes			
Ear Surgery				Epilepsy			
Hearing Loss				<b>Heart Condition</b>			
Hearing Aid				Hemophilia			
Other Ear Problems				Hepatitis			
Tubes in Ears				High Blood Pressure			
				Meningitis			
EYES	No	Yes	Explanation/Year	Mononucleosis			
Is or Was Cross-eyed				Mumps			
Wear Glasses				Pneumonia			
Vision Loss				Rheumatic Fever			
Other Eye Problems				Rubella			
Eye Surgery				Scarlet Fever			
Wears Contacts				Stomach Ulcer			
				Strep Infections			
OTHER	No	Yes	Explanation/Year	Tuberculosis			
Behavior Problems					NI -	Vaa	Fundamentian Mana
Birth Defects				URINARY	No	Yes	Explanation/Year
Emotional Problems				Toilet Trained (+2 yrs)			ture of the same o
Hyperactive				Bedwetting			
Nightmares				ACCIDENTS			
Orthopedic Problems				ACCIDENTS			
Seizures				INJURIES			
Skeletal Problems				OPERATIONS			
MEDICATIONS	No	Yes	Reason		Nam	e of Drug	
Medications @ school							
					_		
Medications @ home							
(Ri	ichland :	School Di	strict Medication Form	needs to be filled out if takir	ng medic	ation at s	chool)
·							
Parent/Guardian Signat	Parent/Guardian Signature(Please send form to the school nurse at the above address)				-		:/12\
(Please send form to the	e school	nurse at	tne above address)		(Kevi	sed 02/08, 6	) T2)

PERSONAL DATA

Step 1

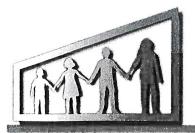
# STATE OF WISCONSIN Wis. Stat. §§ 252.04 and 120.12 (16)

### 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.

PLEASE PRINT

	Student's Name	Birthdate (MM/DD/YYY	Y) Gender	School	Gi	rade	School Year		
	Name of Parent/Guardian/Legal Custodian	ent/Guardian/Legal Custodian Address (Street, City, State, Zip)				Telephone Number			
Step 2	IMMUNIZATION HISTORY			***************************************					
	List the MONTH, DAY, AND YEAR your child red question about chickenpox, Tdap, or Td. If you d department to obtain it.	wing immuni: ation record	zations. DO NOT USE A ( for this student at home, o	(√) OR (X) excep contact your doct	t to ans	wer the ublic health			
	TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DO MM/DD/YY		FOURTH DOS		FIFTH DOSE MM/DD/YYYY		
	DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussi	s)							
	Adolescent booster (Check appropriate box)  ☐ Tdap ☐ Td								
	Polio								
	Hepatitis B				特特的	No.			
	MMR (Measles, Mumps, Rubella)				<b>-</b> 1				
	Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:								
	Has your child had Varicella (chickenpox) disease appropriate box and provide the year if known:  YES Year (Vaccine not required)  NO or Unsure (Vaccine required)	e? Check the	or previo	r child had a blood test (til us vaccination) to any of ella   Measles  Murr rovide laboratory report(s	the following? (C nps □ Rubella	heck al	i that apply)		
Step 3	REQUIREMENTS								
	Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.								
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: 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								
	SIGNATURE - Physician			Date Signed					
	For religious reasons, I have chosen not to					)			
	For personal conviction reasons, I have c	hosen not to vaccinate	this student MR (Measles	with the following immuni s, Mumps, Rubella) 🏻 🔲 પ	zations (check a Varicella	II that a	pply)		
Step 5	SIGNATURE								
	This form is complete and accurate to the best of my knowledge. Check one: (I do I do not I) 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 of	or Adult Student		Date Signed					



AMY HARDY Primary Principal EC to 2<sup>nd</sup> Grade

### **Richland School District**

1996 US Hwy 14 West, PO Box 649 Richland Center, WI 53581 Building Futures, One Child at a Time

LISA BROWN Intermediate Principal 3<sup>rd</sup> to 6<sup>th</sup> Grade RYAN LEMKE & ELIZABETH PERKINS High School Principals 7th to 12th Grade

### NOTICE TO TRANSFER STUDENT RECORDS

Name of previous school	School Dis	strict				
Address	City/State/	Zip				
Telephone #	Fax #					
Please take notice that the following s	tudent(s) intends to	enroll in the Richland Scho	ool District beginning	9		
Student's Logal Name (First Mi	ddo Loot)	Data of Birth	Cua da	Enrollment Date		
Student's Legal Name (First, Mid	iuie, Last)	Date of Birth	Grade	School Attending		
Please transfer all the student's pro School profile, academic records Behavioral records, multidisciplina Student health records containing ELL Records Athletic forms, physical forms, and IEP RECORDS – If the student If # (608)647-8454 in the Special E Expulsion and Suspension Rec Are they in the process of gettin Please email or fax High School (608)647-8734 ASAP.	including cum folder team reports, and immunizations recurred athletic eligibility has a current IEP, Education Departmords: Has the stung expelled?	er, transcript, progress graded any psychological, educeived and illnesses incurre please e-mail or fax it to nent.  dent been expelled from yes	es, test scores, and ational, or speech/la d. Kim Rotheray at <u>ro</u> your district? ☐ Y	class schedules inguage evaluations  tk@richland.k12.wi.us or fax  ES  NO		
Parent/Guardian Signature (not	required)	De	ate			
Pursuant to Wisconsin Statues 118.125(4 this office notification of student enrollme	) and Federal Regule nt.	ntions, Section 99.31/34, you	are authorized to fort	ward the above student's records b		
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	Richland C Attn: Jane PO Box 64 1801 State Richland C	9	Pi Richland Ce Attn: Heidi I PO Box 649 1996 US Hw Richland Ce			

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:

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