

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

Student's Legal Name \_\_\_\_\_  
First Name Middle Initial Last Name

Date of Birth \_\_\_\_\_ Gender  Male  Female  
Month Day Year

Place of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
City State County Country

Ethnicity (Choose 1) Is this student Hispanic or Latino?  No, not Hispanic or Latino  Yes, Hispanic or Latino

Race (Choose 1 or more)  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

<b><u>For School Use Only</u></b>
Enrollment Date _____
Birth Certificate Verified _____

Student's first language learned: _____	Languages used in the home: _____
In what language would you like to receive information from school? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Language used most often: _____

Resident of Richland School District?  Yes  No If not, approved for Open Enrollment?  Yes  No

School last attended \_\_\_\_\_ City, State \_\_\_\_\_

Is your child currently expelled or in the process of expulsion from a public school?  
 Yes  No If yes, name of school \_\_\_\_\_

Is your child currently enrolled in a special education program?  Yes  No What program? \_\_\_\_\_

Student Need Bus Transportation?  YES  NO

**FAMILY OF RESIDENCE (Family student lives with) Please list all family members residing at this residence**  
*(We will send student reports/newsletters, etc to this family)*

**PARENT/Guardian Legal Name** \_\_\_\_\_  
 Mother  Father  Step-parent  Guardian  Other \_\_\_\_\_  
 Work Phone ( ) \_\_\_\_\_ Extension \_\_\_\_\_ Employer \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**PARENT/Guardian Legal Name** \_\_\_\_\_  
 Mother  Father  Step-parent  Guardian  Other \_\_\_\_\_  
 Work Phone ( ) \_\_\_\_\_ Extension \_\_\_\_\_ Employer \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Number Direction Street Name Apt./Lot/Unit # P.O. Box  
 \_\_\_\_\_  
City State Zip

Separate mailing address (if different than above) \_\_\_\_\_

**HOME/PRIMARY PHONE** ( ) \_\_\_\_\_ Confidential Number  Yes  No

*Please list all other children 19 years of age and under living in this household.*

Name	Date of Birth	Gender	School	Grade

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

Date \_\_\_\_\_

**2ND FAMILY INFORMATION** Please list all family members residing at this residence

Should we mail reports to this family?  Yes  No

Could this family come to your child's school and take responsibility if you can't be contacted?  Yes  No

**PARENT/Guardian Legal Name**

Mother  Father  Step-parent  Guardian  Other \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Extension \_\_\_\_\_ Employer \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**PARENT/Guardian Legal Name**

Mother  Father  Step-parent  Guardian  Other \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Extension \_\_\_\_\_ Employer \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**ADDRESS**

Number \_\_\_\_\_ Direction \_\_\_\_\_ Street Name \_\_\_\_\_ Apt./Lot/Unit # \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Separate mailing address (if different than above) \_\_\_\_\_

**HOME/PRIMARY PHONE** ( ) \_\_\_\_\_

Confidential Number  Yes  No

Please list all other children 19 years of age and under living in this household.

Name	Date of Birth	Gender	School	Grade

**Separated/Divorced/Never Married Parent Information**

A certified copy of the court order information is required to be on file at the student's school.

Type of Action:

- Divorce
- Separation
- Annulment
- Never Married
- Custody Dispute

Name of other parent \_\_\_\_\_

Current status of action \_\_\_\_\_

Is there a court order dealing with custody or visitation?  Yes  No

Are you the custodial parent?  Yes  No

Is there a joint custody order?  Yes  No

Should your child be released from school to the other parent?  Yes  No

If no, explain: \_\_\_\_\_

**If your child is injured or ill at school and neither parent/guardian can be contacted, who should we call?**

This should be someone who could come to the school and take responsibility if you can't be contacted.

**1st Choice Name**

Relationship to student \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_

**2nd Choice Name**

Relationship to student \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_

**Childcare Provider**

\_\_\_\_\_

Day Phone ( ) \_\_\_\_\_

Physician \_\_\_\_\_

City \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Dentist \_\_\_\_\_

City \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Hospital \_\_\_\_\_

City \_\_\_\_\_

Phone ( ) \_\_\_\_\_

In an emergency, does your child have any health problems that may require immediate attention?  Yes  No

If so, please list? (i.e., allergic to bee stings, diabetic, etc.) \_\_\_\_\_

Is this a change from last school year?  Yes  No

In case of an emergency do we have your permission to take your child for medical attention?  Yes  No

If no, what procedure should we follow? \_\_\_\_\_



# 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/Day/Yr) \_\_\_\_\_

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

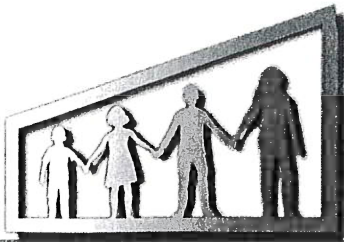
<b>ALLERGIES</b>	No	Yes	Explanation/Year	<b>GASTRO-INTESTINAL</b>	No	Yes	Explanation/Year
Animal Allergies	___	___	_____	Constipation	___	___	_____
Asthma	___	___	_____	Diarrhea	___	___	_____
Drug Allergies	___	___	_____	Food Disagreeing	___	___	_____
Eczema	___	___	_____	Stomach aches	___	___	_____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





# Richland School District

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

*Building Futures,  
One Child at a Time*

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

RYAN LEMKE & 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 enroll in the Richland School District beginning \_\_\_\_\_  
*Enrollment Date*

<u>Student's Legal Name (First, Middle, Last)</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>School Attending</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Please transfer all the student's progress and behavioral records, including but not limited to, the following:**
- School profile, academic records including cum folder, transcript, progress grades, test scores, and class schedules
  - Behavioral records, multidisciplinary team reports, and any psychological, educational, or speech/language evaluations
  - Student health records containing immunizations received and illnesses incurred.
  - ELL Records
  - Athletic forms, physical forms, and athletic eligibility
  - **IEP RECORDS** – If the student has a current IEP, please e-mail or fax it to Kim Rotheray at [rotk@richland.k12.wi.us](mailto:rotk@richland.k12.wi.us) or fax # (608)647-8454 in the Special Education Department.
  - **Expulsion and Suspension Records:** Has the student been expelled from your district?  YES  NO  
Are they in the process of getting expelled?  YES  NO
  - Please email or fax High School transcript, current schedule, and progress grades to [endh@richland.k12.wi.us](mailto:endh@richland.k12.wi.us) or fax (608)647-8734 ASAP.

\_\_\_\_\_  
*Parent/Guardian Signature (not required)*

\_\_\_\_\_  
*Date*

*Pursuant to Wisconsin Statutes 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](mailto:ganb@richland.k12.wi.us)

**INTERMEDIATE RECORDS TO:**  
Richland Center Intermediate School  
Attn: Jane Jones  
PO Box 649  
1801 State Hwy 80  
Richland Center, WI 53581  
[jonj0@richland.k12.wi.us](mailto:jonj0@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](mailto: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: \_\_\_\_\_

