

KG-12th Grade 2022-2023 Student Registration Form

For Office Use Only:

Birth Certificate Verified by: _____

School: ☐ DN ☐ KN ☐ OAK ☐ RH ☐ WAK ☐ MS ☐ HS

STUDENT INFORMATION (Please Print)

STUDENT (LEGAL NAME)				Desired Start Date (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)	Grade	Gender	Birthplace
Last Name	First Name	Middle Name	Suffix	____/____/____	____/____/____	_____	_____	_____ City County State

Primary Home Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Hmong <input type="checkbox"/> Other <i>If other, please write above</i>	Student Data Directory Information State statute (Wis. Stat § 11.125(1)(b)) Directory data means those pupil records which include the pupil's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, photographs, degrees and awards received and the name of the school most recently previously attended by the pupil. <input type="checkbox"/> Allow <input type="checkbox"/> Withhold <u>Military Recruiters</u> <input type="checkbox"/> Allow <input type="checkbox"/> Withhold <u>Institutions of Higher Education</u> <input type="checkbox"/> Allow <input type="checkbox"/> Withhold <u>Public use such as newspapers, social media, marketing purposes</u> <input type="checkbox"/> Allow <input type="checkbox"/> Withhold <u>Local/district use, such as Yearbooks, Photographs, Sports</u>	Parent in Military 1. Is either parent or guardian on active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is either parent or guardian a traditional member of the Guard or Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--

STUDENT EDUCATION HISTORY

Is this student applying for Open Enrollment into Menomonie School District? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, name of resident district : _____) Is this student Receiving EL (English Learner) Services <input type="checkbox"/> Yes <input type="checkbox"/> No Is this student currently under expulsion or awaiting an expulsion hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what school <u>and</u> district? _____ Has this student been identified as having an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your child's special need? _____ Check any concerns you have about this student: <input type="checkbox"/> Speech <input type="checkbox"/> Health <input type="checkbox"/> Behavior <input type="checkbox"/> Learning <input type="checkbox"/> Vision/Hearing <input type="checkbox"/> Dental <input type="checkbox"/> Other Are there any court documents you wish to notify the school about? (Example custody) <input type="checkbox"/> Yes <input type="checkbox"/> No (A copy of the legal documents is required.)	Last school attended: School Name _____ Street Address _____ City _____ State _____ Zip Code _____
--	--

HOME LANGUAGE SURVEY

- What language did the child learn when she or he first began to talk? _____
- What language does the family speak at home most of the time? _____
- What language does the parent(s) speak to her/his child most of the time? _____
- What language does the child speak to her/his parent(s) most of the time? _____
- What language does the child hear and understand in the home? _____
- What language does the child speak to her/his brothers/sisters most of the time? _____
- What language does the child speak to her/his friends most of the time? _____
- Do you request oral and/or written communication from the school to be in English? _____
- Can an adult family member or extended family member speak English? ☐ Yes ☐ No
- Can an adult family member or extended family member read English? ☐ Yes ☐ No
- Number of years the child received formal education outside of the United States? _____
- Number of years the child received formal education within United States? _____
- Number of years the child received formal education in Wisconsin? _____

STUDENT ETHNICITY

Ethnicity Designation: (Must choose one.)

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Optional Question: If chosen, select all that apply from the list below:

- ☐ Columbian ☐ Ecuadorian ☐ Guatemalan ☐ Mexican ☐ Puerto Rican ☐ Salvadoran
☐ Spaniard/Spanish/Spanish-American ☐ Unknown

Race: (Choose one or more)

☐ American Indian or Alaska Native

Optional Question: If chosen, indicate what Tribe: _____ [Tribal Affiliation List](#)

☐ Asian

Optional Question: If chosen, select all that apply from the list below:

- ☐ Burmese ☐ Chinese ☐ Filipino ☐ Hmong ☐ Indian ☐ Karen ☐ Korean ☐ Vietnamese
☐ Unknown

☐ Black or African American

Optional Question: If chosen, select all that apply from the list below:

- ☐ African-American ☐ Ethiopian-Oromo ☐ Ethiopian ☐ Liberian ☐ Nigerian ☐ Somali
☐ Unknown

☐ Native Hawaiian or Other Pacific Islander

☐ White

Parent/Legal Guardian Signature: _____

Date: _____/_____/_____

Student Last Name: _____	Student First Name: _____	Student Middle Name: _____	Date of Birth: ____/____/____
STUDENT'S PRIMARY RESIDENCE (A parent's boyfriend/girlfriend or fiancé, living in the same house, is NOT a legal guardian)			
Street Address: _____		Mailing Address (if different): _____	
<i>City/State/Zip Code</i>		<i>City/State/Zip Code</i>	
First Parent/Guardian Full Name: _____		Second Parent/Guardian Full Name: _____	
Relationship to Student: _____		Relationship to Student: _____	
Primary Phone # (____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Secondary Phone # (____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Email: _____ (Email is needed for Family Access login)		Primary Phone # (____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Secondary Phone # (____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Email: _____ (Email is needed for Family Access login)	
Employer Name _____ Work # (____) _____		Employer Name _____ Work # (____) _____	
Work hours/Days _____		Work hours/Days _____	
SIBLING INFORMATION: (AGE 18 AND UNDER RESIDING AT PRIMARY RESIDENCE ABOVE)			
Student's LEGAL Name (Last Name, First Name, Middle Name)	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
STUDENT'S SECONDARY RESIDENCE (This section should be completed if both parents do not live in the primary household)			
Street Address: _____		Mailing Address (if different): _____	
<i>City/State/Zip Code</i>		<i>City/State/Zip Code</i>	
First Parent/Guardian Full Name: _____		Second Parent/Guardian Full Name: _____	
Relationship to Student: _____		Relationship to Student: _____	
Primary Phone # (____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Secondary Phone # (____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Email: _____ (Email is needed for Family Access login)		Primary Phone # (____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Secondary Phone # (____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Email: _____ (Email is needed for Family Access login)	
Employer Name _____ Work # (____) _____		Employer Name _____ Work # (____) _____	
Work hours/Days _____		Work hours/Days _____	
Allow Family Access? <input type="checkbox"/> Yes <input type="checkbox"/> No Food Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Fee Management? <input type="checkbox"/> Yes <input type="checkbox"/> No Online Registration? <input type="checkbox"/> Yes <input type="checkbox"/> No Pick Child Up? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SIBLING INFORMATION: (AGE 18 AND UNDER RESIDING AT PRIMARY RESIDENCE ABOVE)			
Student's LEGAL Name (Last Name, First Name, Middle Name)	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Last Name: _____		Student First Name: _____		Student Middle Name: _____		Date of Birth: ____/____/____	
RESIDENCY VERIFICATION STATEMENT							
<p>The School District of the Menomonie Area requires that all students attending our schools be bona fide residents of the district. To be a bona fide resident, a student must be living with a parent or legal guardian by court order who is a resident of the district.</p> <p>At the time of registration, the parent or guardian must provide proof of residency. Registration of a student who is not a resident is a fraudulent act. Any student found to have been fraudulently registered will be removed immediately. Parents or guardians making a fraudulent registration will be charged tuition for the time the child has been in attendance.</p> <p>I certify that I understand the residency requirements and that I know the penalty for fraudulent registration.</p> <p>Parent/Legal Guardian Signature: _____</p> <p>Print Parent/Legal Guardian Name: _____ Date: ____/____/____</p>							
EMERGENCY CONTACT INFORMATION							
Emergency Contact Name: _____		Relationship to Student: _____		Primary Phone # (____) _____		<input type="checkbox"/> Home <input type="checkbox"/> Cell	
Emergency Contact Name: _____		Relationship to Student: _____		Primary Phone # (____) _____		<input type="checkbox"/> Home <input type="checkbox"/> Cell	
HEALTH INFORMATION				MIGRANT STUDENT SURVEY			
<p>Physician Name: _____ Clinic: _____</p> <p>Phone #(____) _____</p> <p>Dentist Name: _____ Clinic: _____</p> <p>Phone #(____) _____</p> <p>Are there any Health Conditions? Any Action needed? Please Explain:</p> <p>_____</p> <p>_____</p> <p>Daily Medication(s):</p> <p>_____</p> <p>Other family information that the school needs to know? Please Explain :</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				<p>1. Within the last 3 years, has your child(ren) moved from one school district to another within the United States, with a parent, relative or guardian so that person could look for seasonal or temporary work in agriculture? ____YES ____ NO If you answered NO, please stop. If you answered YES, please continue.</p> <p>2. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Date: ____/____/____</p> <p>3. Please check any of the agricultural activities listed below that you have looked for or worked in:</p> <p><input type="checkbox"/> Plant or harvest vegetables or fruits / <input type="checkbox"/> Canning vegetables or fruits / <input type="checkbox"/> Detassel corn</p> <p><input type="checkbox"/> Tobacco farm / <input type="checkbox"/> Planting, pruning or cutting trees / <input type="checkbox"/> Poultry/or egg farm</p> <p><input type="checkbox"/> Dairy farm / <input type="checkbox"/> Duck, turkey, chicken, pork or beef processing plant / <input type="checkbox"/> Sod farm</p> <p><input type="checkbox"/> Flora culture/gladiola farm / <input type="checkbox"/> Aquaculture/fish hatcheries / <input type="checkbox"/> Green house or plant nursery</p>			
<p>I, the undersigned, do hereby authorize officials of the School District of the Menomonie Area to contact directly the persons named on this form, and do authorize the named physicians/dentists to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians or other persons named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I understand that this form will be shared with all school personnel that need to know this information to protect the life and safety of said child.</p> <p>Parent/Guardian Signature: _____ Date: ____/____/____</p>							

PERMISSION FORM

BUS PASSENGER CONDUCT

Behavior guidelines and consequences for bus riding are strictly enforced as outlined on our district website. Although your student might not ride the bus on a daily basis, at some point school related activities will require bus transportation.

I have read and discussed with my child the guidelines & consequences.

Parent/Guardian Signature

STUDENT FIELD TRIP PERMISSION

Throughout the year, your child will participate in activities & field trips. This “blanket form” will cover **ALL** field trips during the academic year. You will be notified of each field trip by your child’s teacher and parents will always have the option to decline participation on an individual basis.

I give permission for my child to attend field trips and/or activities outside of the school building.

Parent/Guardian Signature

HARASSMENT/BULLYING OF STUDENTS

One of the concerns of the school district is the health & safety of our students. You will find the district’s policy related to harassment/bullying of students on our district website.

I have read and discussed with my child the guidelines & consequences.

Parent/Guardian Signature

NON-PRESCRIPTION MEDICATION

The following health care items can be utilized and administered to my child.

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	ISOPROPYL
<input type="checkbox"/>	<input type="checkbox"/>	BACITRACIN, NEOSPORIN
<input type="checkbox"/>	<input type="checkbox"/>	BENADRYL
<input type="checkbox"/>	<input type="checkbox"/>	BURN GEL
<input type="checkbox"/>	<input type="checkbox"/>	CALADRYL LOTION
<input type="checkbox"/>	<input type="checkbox"/>	COUGH DROPS
<input type="checkbox"/>	<input type="checkbox"/>	FIRSTAID SPRAY
<input type="checkbox"/>	<input type="checkbox"/>	FIRST AID CREAM

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	HYDROCORT- ISONE CREAM
<input type="checkbox"/>	<input type="checkbox"/>	HYDROGEN PEROXIDE
<input type="checkbox"/>	<input type="checkbox"/>	ORAJEL
<input type="checkbox"/>	<input type="checkbox"/>	EYE WASH
<input type="checkbox"/>	<input type="checkbox"/>	STING KILL
<input type="checkbox"/>	<input type="checkbox"/>	SUNBLOCK
<input type="checkbox"/>	<input type="checkbox"/>	VASELINE
<input type="checkbox"/>	<input type="checkbox"/>	VISINE

Parent/Guardian Signature

SCHOOL MEDIA RELEASE

I give permission for my student’s name, work and photos to be in the following:

Public use: Newspapers, social media.

YES__ or NO__

District use: Yearbooks, sports roster, art programs, website photographs, or articles.

YES__ or NO__

Parent/Guardian Signature

STUDENT TEACHER- VIDEO/AUDIO

Your student may have a “student teacher” in their classroom this year. Student teacher must show they are ready to teach by: Planning lessons, teaching & video/audio recording lessons & grading student work. Some of this will be shared with trained reviewers outside the school. It may also be used to train other student teachers & staff.

I give permission to include my student in video/audio recordings. **YES__ or NO__**

Parent/Guardian Signature

****To Enroll Your Student & Review Medical Benefits Visit: www.sas-mn.com**

If you feel your primary health coverage is adequate, please sign below and return to your school office

PARENTAL INSURANCE WAIVER:

We have adequate insurance to protect our child in case of an accident. Student Name: _____ Parent/Guardian's Signature: _____



215 Pine Ave NE, Menomonie WI 54751
Telephone 715-232-1642 / Fax 715-233-3235

REQUEST FOR STUDENT RECORDS

STUDENT NAME	DATE OF BIRTH	GRADE	START DATE (OFFICE USE ONLY)

Please Fax or Email:

TRANSCRIPTS and GRADES

Fax: 715-233-3235

Email: marinella_lee@msd.k12.wi.us

Email the IEP/ EVAL as soon as possible to: nicola_buss@msd.k12.wi.us

Then mail the following records to:

School District of the Menomonie Area-3444
Administrative Service Center
215 Pine Ave. NE
Menomonie, WI 54751

- | | |
|--|--|
| <input type="checkbox"/> <i>Attendance</i> | <input type="checkbox"/> <i>Psychological Evaluation Reports</i> |
| <input type="checkbox"/> <i>Academic Performance Records</i> | <input type="checkbox"/> <i>Health Records</i> |
| <input type="checkbox"/> <i>Special Education Records</i> | <input type="checkbox"/> <i>Immunization Records</i> |
| <input type="checkbox"/> <i>Standardized Test Results</i> | <input type="checkbox"/> <i>Medication Orders / Plans</i> |

Former School Information:

Former School Name:	Address:

Fax Number:	Phone Number:

Signature of Parent/Guardian

Date