



Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# School District of Spring Valley

Home of the Cardinals

## SPRING VALLEY ELEMENTARY SCHOOL NEW STUDENT ENROLLMENT FORM (PG 1)

**STUDENT NAME** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **GRADE** \_\_\_\_\_

### **FAMILY INFORMATION :**

**PARENT/GUARDIANS (FAMILY 1)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

STREET/PO BOX/CITY/STATE/ZIP CODE

**MOTHER CELL** \_\_\_\_\_ **FATHER CELL** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

**MOTHER EMAIL** \_\_\_\_\_ **FATHER EMAIL** \_\_\_\_\_

**MOTHER EMPLOYMENT** \_\_\_\_\_

**DAYTIME PHONE NUMBER** \_\_\_\_\_

**FATHER EMPLOYMENT** \_\_\_\_\_

**DAYTIME PHONE NUMBER** \_\_\_\_\_

### ***If Applicable:***

**PARENT/GUARDIANS (FAMILY 2)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

STREET/PO BOX/CITY/STATE/ZIP CODE

**MOTHER CELL** \_\_\_\_\_ **FATHER CELL** \_\_\_\_\_

**HOME** \_\_\_\_\_

**MOTHER EMAIL** \_\_\_\_\_ **FATHER EMAIL** \_\_\_\_\_

**MOTHER EMPLOYMENT** \_\_\_\_\_

**DAYTIME PHONE NUMBER** \_\_\_\_\_

**FATHER EMPLOYMENT** \_\_\_\_\_

**DAYTIME PHONE NUMBER** \_\_\_\_\_

**Student Resides With:** Family 1 ☐ Family 2 ☐



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## SPRING VALLEY ELEMENTARY SCHOOL NEW STUDENT ENROLLMENT FORM (PG 2)

### OTHER SIBLINGS IN DISTRICT:

STUDENT NAME \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE \_\_\_\_\_

### WILL STUDENT(S) BE TRANSPORTED TO/FROM SCHOOL USING DISTRICT BUS?

☐ YES ☐ NO

If yes, please call the bus garage at 715-778-5609 to speak with our transportation director and arrange bussing. (Please note, if open-enrolling from another district, transportation may not be available.)

### PHOTO PERMISSION:

Do we have permission to publish photos of your child including their name in district marketing materials?  
This is including but not limited to district newsletters, social media and our website.

☐ YES ☐ NO

### MILITARY PARENT:

Is either parent or guardian 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

### US DEPARTMENT OF EDUCATION REQUIREMENTS:

This student is identified as:

☐ HISPANIC/LATINO ☐ NOT HISPANIC/LATINO

And by **ONE OR MORE** of the following groups:

☐ American Indian/Alaska Native ☐ Asian ☐ White

☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander

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

Date: \_\_\_\_\_



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## SPRING VALLEY ELEMENTARY SCHOOL HANDBOOKS

**STUDENT NAME** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **GRADE** \_\_\_\_\_

### Spring Valley Elementary School Handbook

Please review the Spring Valley Middle/High School Handbook here:

<https://docs.google.com/document/d/14KpCz4fw3ysw6G7aYvRi23hLwgI1UXyzHMigNRMxVvg/edit>

I have read and discussed the 2024/2025 Spring Valley Middle-High School Handbook with my student and fully understand its contents.

☐ YES ☐ NO

**Parent/Guardian Signature:** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

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

### Internet Use

Our internet use policy can be viewed here:

<https://www.springvalley.k12.wi.us/common/pages/DisplayFile.aspx?itemId=1019147>

I have read and understand the School District of Spring Valley's Internet Use Policy.

☐ YES ☐ NO

**Parent/Guardian Signature:** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

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



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## SPRING VALLEY ELEMENTARY SCHOOL HOME LANGUAGE SURVEY (PG 1)

**To be completed for all students:** the completion of a home language survey is a requirement under WI Statutes PI 13 for all districts in the state of Wisconsin. Your cooperation in providing the following information is appreciated.

### Student Information:

Date:		
First Name:	Middle Initial:	Last Name:
School Name:	Grade:	Date of Birth: (mm/dd/yyyy)
Language(s) <b>other than English</b> used by student:		

### Parent/Guardian Information:

First Name	
Last Name	
Relationship to Student	
First Name	
Last Name	
Relationship to Student	

Parental/Guardian preference for languages used for school communications (may be multiple):

Parental/Guardian name: \_\_\_\_\_

Oral Language: \_\_\_\_\_

Written Language: \_\_\_\_\_

Parental/Guardian name: \_\_\_\_\_

Oral Language: \_\_\_\_\_

Written Language: \_\_\_\_\_

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

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

Date: \_\_\_\_\_



## SPRING VALLEY ELEMENTARY SCHOOL HOME LANGUAGE SURVEY (PG 2)

**To be completed for all students:** the completion of a home language survey is a requirement under WI Statutes PI 13 for all districts in the state of Wisconsin. Your cooperation in providing the following information is appreciated.

Was the first language used by this student English?

☐ YES ☐ NO

If no, what language? \_\_\_\_\_

When at home, does this student hear or use a language other than English more than half the time?

☐ YES ☐ NO

If yes, what language? \_\_\_\_\_

When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?

☐ YES ☐ NO

If yes, what language? \_\_\_\_\_

When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?

☐ YES ☐ NO

If yes, what language? \_\_\_\_\_

When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?

☐ YES ☐ NO

If yes, what language? \_\_\_\_\_

Is this student a Native American, Native Alaskan, or Native Hawaiian? Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?

☐ YES ☐ NO

Has this student recently moved from another school district where they were identified as an English Learner?

☐ YES ☐ NO



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## SPRING VALLEY ELEMENTARY SCHOOL STUDENT HEALTH INFORMATION (PG 1)

**STUDENT NAME** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**Has your child had a serious illness or injury? (Please describe and include the date).**

**Hospital:**

**Date:**

**Condition(s):**

**Does your child have:**

Condition	Yes	No	Describe:
Attention Deficit Disorder			
Seasonal Allergies			
Bee sting or insect allergy			
Food allergy			Food: Treatment:
Behavior concerns			
Mental health concerns			
Birth defects			
Blood disorder			
Dental problems			
Diabetes			
Frequent headaches			
Hearing problems			
Heart condition			
Orthopedic problem			
Seizures			What kind of seizure?: Treatment:
Toileting accidents and/or frequent urination			
Vision problem			
Other chronic condition			

**\*\*If your child currently has allergies, does he/she require an EPI-pen?**

☐ YES ☐ NO

**\*\*If your child currently has asthma, does he/she require an inhaler or nebulizer?**

☐ YES ☐ NO

**Note:** An Allergy Action plan, Asthma Action Plan, and Seizure Action Plan are **required** for all students with those health conditions. These forms will be sent to you by the School Nurse and **must** be filled out and signed by both your child's physician and a parent or guardian.





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## SPRING VALLEY ELEMENTARY SCHOOL STUDENT HEALTH INFORMATION (PG 2)

Primary Physician: \_\_\_\_\_  
Clinic: \_\_\_\_\_  
Clinic address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_  
Clinic: \_\_\_\_\_  
Clinic address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### **Medication:**

A Nonprescription Medication Form must be completed and returned to the Health Office along with any nonprescription medication, in its original container. This form can be found on our District Website. A Prescription Medication Form must be completed and returned to the Health Office along with any prescription medications. This form requires both a physician and parent signature. This form can be found on our District Website. Medication must be dropped off by a parent and be in its original container.

### **Emergency Contact:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

### **Secondary Emergency Contact:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

I hereby authorize the District Nurse, Health Assistant, Administrator, or other designated person to call any of the listed emergency contacts if needed for the care of my child. If my physician is not available (as listed) then an alternate physician may be contacted in an emergency. In case of a serious medical emergency or illness, 911 will be called. I authorize the release of any health information to the school district employees when necessary for the safety and educational benefit of my child.

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

Date: \_\_\_\_\_

**Please contact the District School Nurse (715-778-5602 ext 3104) for any special health concern or change in health condition.**





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## SPRING VALLEY ELEMENTARY SCHOOL NEW STUDENT SCREENING FOR EXCEPTIONAL EDUCATIONAL NEEDS & OTHER STUDENT SERVICES

STUDENT NAME \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE \_\_\_\_\_

Physical Disability ☐ Diagnosed ☐ Suspected ☐ Not Apparent

Cognitive Disability ☐ Diagnosed ☐ Suspected ☐ Not Apparent

Hearing Impairment ☐ Diagnosed ☐ Suspected ☐ Not Apparent

Vision Impairment ☐ Diagnosed ☐ Suspected ☐ Not Apparent

Speech and/or Language Disability  
☐ Diagnosed ☐ Suspected ☐ Not Apparent

Emotional Disturbance ☐ Diagnosed ☐ Suspected ☐ Not Apparent

Learning Disability ☐ Diagnosed ☐ Suspected ☐ Not Apparent

Traumatic Brain Injury ☐ Diagnosed ☐ Suspected ☐ Not Apparent

Autism ☐ Diagnosed ☐ Suspected ☐ Not Apparent

Gifted/Talented ☐ Diagnosed ☐ Suspected ☐ Not Apparent

Other (Check all that apply)

☐ Remedial Reading ☐ Remedial Math ☐ Alternative School  
☐ School Social Work ☐ 504 Accommodation Plan ☐ School Counseling  
☐ Other (Please specify): \_\_\_\_\_

Has your child ever been expelled from school (or otherwise forced to withdraw?)

☐ YES ☐ NO

If yes, please describe the reason and term of expulsion:

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

Date: \_\_\_\_\_



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## OPTIONAL

### SCHOOL DISTRICT OF SPRING VALLEY FOOD BACKPACK PROGRAM REGISTRATION FORM

The Spring Valley Food Backpack Program is aimed to provide weekend food for families in need. Twice a month backpacks are filled with basic non-perishable food items such as granola bars, canned fruit or vegetables, pasta, jelly or peanut butter. Personal hygiene items are occasionally included as well.

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_

PARENT/GUARDIAN CELL PHONE \_\_\_\_\_

☐ I would like to pick up the backpack at the school office.

☐ Elementary ☐ Middle/High School

☐ I would like my child(ren) to bring the backpack home (backpacks will be placed in cubby/locker).

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

**Are there any food allergies?**

*Please indicate only severe allergies for which that type of food is not allowed in the household.* **It is the parent/guardian's responsibility to to check all food for allergies/sensitivities.**

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

Date: \_\_\_\_\_



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Within the last 3 years, have you or anyone in your household moved for any reason?

☐ YES ☐ NO

Are you working or have you ever worked in agriculture in the last three years?

☐ YES ☐ NO

If you answered **NO** to either of these questions, please stop. If you answered **YES**, please continue.

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?

Month \_\_\_\_\_ Year \_\_\_\_\_

Please check any of the agricultural activities listed below that you have looked for or worked in:

\_\_\_\_\_ Plant or harvest vegetables or fruits

\_\_\_\_\_ Canning vegetables or fruits

\_\_\_\_\_ Detassel corn

\_\_\_\_\_ Sod farm

\_\_\_\_\_ Tobacco farm

\_\_\_\_\_ Planting, pruning or cutting trees

\_\_\_\_\_ Poultry and/or egg farm

\_\_\_\_\_ Dairy farm

\_\_\_\_\_ Duck, turkey, chicken, pork or beef processing plant

\_\_\_\_\_ Flora culture/gladiola farm

\_\_\_\_\_ Aquaculture/fish hatcheries

\_\_\_\_\_ Green house or plant nursery