

SCHOOL DISTRICT OF ELMWOOD

2023-24 REGISTRATION FORM



Student's Name: _____

(Last, First, Middle)

Address: _____

Grade: _____

DOB: _____
Month/Day/Year

(City, State, Zip)

Birth City, State: _____

Birth County: _____

Birth Country: _____

Primary Phone: () _____
(Best number to call)

County/Township: _____

Gender: Male Female Non-Binary (circle one)

Student's Cell Phone Number:

Lives With: _____
(Parents, Mother, Father, Other)

Legal Guardian 1 Information

Relationship: _____
(Mother, Father, Other)

Name: _____

Address: _____

(City, State, Zip)

Landline: () _____

Cell Phone: _____

E-mail Address: _____

Employment Information

Work Place: _____

Work E-mail Address: _____

Work Phone: _____

Legal Guardian 2 Information

Relationship: _____
(Mother, Father, Other)

Name: _____

Address: _____

(City, State, Zip)

Landline () _____

Cell Phone: _____

E-mail Address: _____

Employment Information

Work Place: _____

Work E-mail Address: _____

Work Phone: _____

Please check if any of these apply to your son/daughter:

☐ Open Enrollment ☐ Special Education/IEP ☐ Section 504
☐ Title One ☐ Expulsion ☐ English Language Learner

Parent/Guardian Signature

Date

Part I: Ethnicity Designation

Is the person Hispanic or Latino? Must choose one.

- ☐ Hispanic or Latino *[If selected go to Question I-A]*
☐ Not Hispanic or Latino *[If no, go to Question Part II]*

Optional Question I-A: If Hispanic or Latino was chosen above, select all that apply from the list below:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Columbian | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Guatemalan |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Spaniard/Spanish/Spanish-American | <input type="checkbox"/> Decline to indicate | |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other | |

Part II: Race Designation

Select one or more of the following categories that apply to this person:

- ☐ American Indian or Alaska Native *[If selected go to question II-A]*

Optional Question II-A: If chosen, select one value from the list below:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Bad River Band | <input type="checkbox"/> Forest County | <input type="checkbox"/> Ho-Chunk |
| <input type="checkbox"/> Lac Courte Oreilles | <input type="checkbox"/> Lac du Flambeau | <input type="checkbox"/> Menominee |
| <input type="checkbox"/> Oneida Nation (Wisconsin) | <input type="checkbox"/> Red Cliff | <input type="checkbox"/> Sokaogon |
| <input type="checkbox"/> St. Croix | <input type="checkbox"/> Stockbridge | <input type="checkbox"/> Brothertown |
| <input type="checkbox"/> Other: _____ | | |

-
- ☐ Asian *[If selected go to question II-B]*

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

- | | | |
|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Indian | <input type="checkbox"/> Karen |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Decline to indicate |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other | |

-
- ☐ Black or African American *[If selected go to question II-C]*

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

- | | | |
|--|--|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Ethiopian-Oromo | <input type="checkbox"/> Ethiopian-Other |
| <input type="checkbox"/> Liberian | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Unknown | |
| <input type="checkbox"/> Other | | |

-
- ☐ Native Hawaiian or Other Pacific Islander

-
- ☐ White
-

Question 1 - Internet Access in Residence: *Can the student access the internet on their primary learning device at home?*

☐ True (Yes) ☐ False (No)

Question 2 - Barrier to Internet Access in Residence: *If the student is unable to access internet in their primary place of residence, why not?*

☐ Not Desired ☐ Not Available ☐ Not Affordable ☐ Other: _____

Question 3 - Internet Access Type in Residence: *What is the primary type of internet service used at the residence?*

☐ Residential Broadband (e.g., DSL, Fixed Wireless, Cable, Fiber), ☐ Cellular Network, ☐ Hot Spot (school provided hot spot, or school provided service), ☐ Satellite, ☐ Community Provided Wi-Fi, ☐ Dial-up, ☐ Other: _____, ☐ None, ☐ Unknown

Question 4 - Internet Performance in Residence: *Can the student stream a video on their primary learning device without interruption?*

☐ Yes, ☐ Sometimes (not consistently), ☐ No

Question 5 - Primary Learning Device Away from School: *What device does the student most often use to complete school work at home?*

☐ Desktop Computer, ☐ Laptop Computer, ☐ Tablet, ☐ Chromebook, ☐ Smartphone, ☐ None, Other: _____

Question 6 - Primary Learning Device Provider: *Who provided the primary learning device to the student?*

☐ School, ☐ Personal, ☐ Other: _____

Question 7 - Primary Learning Device Access: *Is the primary learning device shared with anyone else in the household?*

☐ Shared, ☐ Not Shared, ☐ Unknown

Elmwood School District
Health & Emergency Form

Student Name: _____ **Grade:** _____

Emergency Contact Information

Parent(s)/Guardian(s) are always contacted first. If we are unable to reach a parent/guardian, emergency contact(s) will be called and should be available to pick up an ill or injured student. Be sure anyone you put down knows they are on your child's emergency contact list. Please keep your child's school informed when changes to phone numbers occur.

Emergency Contact #1: _____

Home Phone: _____ Secondary Phone: _____

Relationship to student: _____

Emergency Contact #2: _____

Home Phone: _____ Secondary Phone: _____

Relationship to student: _____

Emergency Contact #3: _____

Home Phone: _____ Secondary Phone: _____

Relationship to student: _____

Student's Medical Doctor: _____ **Student's Dentist:** _____

Phone: _____ **Phone:** _____

If we cannot reach you or your emergency contacts, do we have permission to contact your family doctor or dentist? ☐ Yes ☐ No

If time is important, do we have permission to call the nearest doctor or dentist? ☐ Yes ☐ No

Health Information

The information on this form may be shared with staff members who work with your child.

Student's Name: _____ **DOB:** _____ **Grade:** _____

Please circle **Yes** or **No** to the following statements that apply to your child.

YES	NO	Allergies (check all that apply)	_____ Bee Sting Allergy	_____ Food (list)	_____ Medication (list)	_____ Environmental (list)	_____ Other (list)
			How are the allergic reactions treated at home? _____ Avoidance Only _____ Benadryl _____ Epi- Pen				
			Other (please specify) _____				
YES	NO	Asthma	Asthma Triggers (list): _____				
			Does your child have a prescription for an inhaler or nebulizer?(circle) YES NO				
YES	NO	Bleeding Disorder	_____				
YES	NO	Diabetes	Type _____	Age Diagnosed: _____			
YES	NO	Heart Condition	_____				
YES	NO	Seizures:	Type _____	Age Diagnosed: _____			
			Date of last Seizure: _____ Currently treated with medication YES NO				
YES	NO	Kidney or Bladder Condition	_____				
YES	NO	Other Chronic Health Conditions (list)	_____				

YES	NO	History of Serious Illness	_____				
YES	NO	History of Serious Injury	_____				
YES	NO	Surgery	_____				
YES	NO	Mental Health Concern	_____				
YES	NO	Autism	_____				
YES	NO	Hearing Concerns or Speech Difficulties (circle and explain)	_____				
YES	NO	Vision Concerns	_____			Wears Glasses (circle)	YES NO
YES	NO	ADD/ ADHD	_____				
YES	NO	Does your child have any physical limitations and/or restrictions required by a Doctor? (explain)	_____				

YES	NO	Does your child take any Medication? (list)	_____				

YES	NO	Will your child be taking medication at school? (If yes, a medication authorization form will need to be completed)	_____				

I hereby authorize the nurse, secretary, administrator, or other designated person to call any of the listed emergency contacts if needed for the care of my child. If my physician or dentist is not available (as listed) then an alternative physician or dentist may be contacted in an emergency.

Parent/ Guardian Signature: _____ **Date:** _____

ELMWOOD SCHOOL DISTRICT (2023-24 School Year)

Student Handbook and Student Behavior Responsibilities, Rules and Rights

It is important for students and parents to know what is in the student handbook. Please discuss the contents with your child. **When signing below you are acknowledging that you received a copy of the handbook and understand the contents.**

(Student's Signature)

(Date)

(Parent Signature)

(Date)

Internet Acceptable Use Contract and Waiver Form

I understand the provisions for using the Internet at Elmwood School District. I also understand that a violation of these provisions may result in a loss of access to the Internet and/or disciplinary action on the part of the school. I have read or had my parents read to me the Student Internet Acceptable Use Policy found in the handbook as it pertains to my grade level.

(Student's Signature)

(Date)

(Parent Signature)

(Date)

_____ I give permission for my child to use the Internet for educational purposes while at school.

_____ I **DO NOT** give permission for my child to use the Internet for educational purposes at school.

Permission to Publish Student Pictures/Children's Work

Signing below allows the Elmwood School District to publish pictures of your child and/or their classroom work on school managed websites and newspapers. The purpose of publishing pictures is intended to publicize and feature student activities, programs and special events that are of interest to students, parents and the community. Pictures will not be used for any commercial purposes. Last names will not be used to identify students on the website.

_____ I **do** give permission to have pictures/work of my child published on school district websites and the local newspapers.

_____ I **do not** give permission to have pictures/work of my child published on school district websites and the local newspapers.

(Student's Name)

(Parent Signature)

(Date)