# BRISTOL SCHOOL DISTRICT #1 NEW STUDENT ENROLLMENT PACKET

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### **Affidavit of Residency**

			Amauvit of Nesiaci			
		S	TEP 1: Complete Child(ren)'s Inf	ormation:		
Child's Fi	rst Name		Child's Middle Name		Child's Last Name	Date of Birth
STE	P 2: Provide F	Proof of Residency, wh	nich must be established in Cate			
Category I (One do	ocument show	ving proper address)	Catego	ry 2 (Two	documents showing proper a	ddress)
Real Estate Tax Bill	Si	igned Lease	WI Driver's License		Auto Registration	Gas or Electric Bill
Mortgage Papers	S	ales Agreement	Voter Registration		State of Wisconsin ID Card	Other, please specify:
Residence Insurance Papers Public Aid Card						
			STEP 3: Parent's Acknowledge	ment		
person having complete dropped from the attenda	e custody and concernate rolls immed	ontrol. Registration of a s liately. Parents or guardia	s not enrolling at Bristol School Distr tudent who is not a resident is a frau ans making a fraudulent registration ify that I understand the residency re	dulent act. A	Any student found to have been fra ect to the payment of retroactive tu	audulently registered will be ition charged for non-resident
Date:		Parent/Guardia	n Signature:		Relation to Stude	nt:
			Address (City, State, Zip)			
		STEP 4: Read ar	nd Initial Student Residency - Po	licy #426		Initial in the box
School District #1 or and person to determine res	ther school. Who	enever a question arises on all be the responsibility of	ight to a tuition free education, provide oncerning residency, an investigation of the parent or legal guardian to demon shall provide documentation consisten	shall take pla strate prope	ace by the District Administrator or der documentation to verify residency v	esignated within the
non-resident students may	attend Bristol S	chool District #1 on a tuition at tuition as determined by	Open Enrollment, including via Tuition on basis with the approval of the Board the State of Wisconsin annually. Sucuarterly payment schedule may be arra	l. A written c h non-reside	ontract will be developed in such ins	tances and
			SCHOOL OFFICE ONLY			
PROCESSED	BY:					

# **Student Enrollment Form**

			STEP 1: Complete	Child's Information	1:					
	Child's First Name	С	hild's Middle Name	Chi	ld's Last Name	Preferred Name i.e: "Lia	m" instead of "William"			
	Date of Birth		Birth Place: City		Birth Place: S	tate/Country				
	Male Female									
	Gender		Grade		Email A	ddress				
			STEP 2: Check	Appropriate Boxes						
	Ethnic Background		Primary Language							
Hispanic	or Latino 🦳 Not Hispanic or Lat	ino Englis	sh 🦳 Spanish 🔝 Other	(please list):						
	Additional Programs			Ra	ce Categories					
504 6	Special Education At Risk	Amer	rican Indian/Alaskan Nati	ve 🗌 Asian 🗌 Whit	e 🔲 Black/ African Americ	can 🗌 Native Hawiia	n/Pacific Islander			
			STEP 3: P	arent Information						
	Full Legal Name		Address (City	, State, Zip)	Phone Nur	mbers	Pickup			
D					Cell:		Yes			
Parent #1					Work:		No			
Doront #2					Cell:		Yes			
Parent #2					Work:		No			
			STEP 4: Legal	Guardian Informatio	on					
	If a student res	ides with	a STEPparent or an	other guardian,	please complete the	following:				
	Full Legal Name		Address (City	, State, Zip)	Phone Nur	mbers	Pickup			
Legal Guardian					Cell:		Yes			
#3					Work:		No			
Legal Guardian					Cell:		Yes			
#4					Work:		No			
			STEP 5: Complete Pa	rent/Guar <u>dian Sign</u>	ature					
	I certify and u	nderstand th				stration.				
Male   Female   Gender   Grade   Email Address										
	Date of Birth Birth Place:  Male Female  Gender Grade  STE  Ethnic Background  Hispanic or Latino Not Hispanic or Latino English Spanis  Additional Programs  504 Special Education At Risk American Indian/A  Full Legal Name Ad  Parent #1  Parent #2  STE  If a student resides with a STEP par  Full Legal Name Ad  gal Guardian #3  gal Guardian #4  STEP 5: C  I certify and understand the residency				Parent/Guardian	Signature				

# **Student Medical Form: Part 1**

	STEP 1: Comple	te Child's	Information:
			MY CHILD HAS A CONDITION THAT IS POTENTIALLY LIFE THREATENING: YES NO
Child's First Name	Child's Last Name	Grade	THREATENING: YES NO
Confidential Health Information: If your child	d's doctor has told you your child has any of th	ne conditions	noted below, please check the box and answer any questions related to the problem.

STEP 2: Com	plete Student Medical Form Information						
4. Attention Deficit Disorder with or without hyperactivity	NO YES						
Attention Deficit Disorder with or without hyperactivity	IF YES, No medication OR Medication:						
	NO YES but no allergy kit is needed						
	YES AND AN ALLERGY KIT IS NEEDED - Kit Type needed:						
	2a. If YES, Food Insects Latex/Rubber Medication Other						
2. Allergies	2b. List/describe any allergies to foods, insects, medications and other allergies:						
	2c. If an allergy kit is needed, does your child know how to use it? NO YES						
	2d. If an allergy kit is needed, have you supplied the office with a kit? MO YES						
	NO YES						
3. Asthma	IF YES, No medication OR Medication (please list):						
4. Dualitaria di et effe et cualitari an managent	NO YES (please describe):						
4. Problems that affect walking or movement							
	NO YES (please describe):						
5. Cancer							
	NO YES (please describe):						
6. Birth defects							
7. Blood disorder other than HIV/AIDS (i.e. Sickle Cell)	NO YES (please describe):						

	NO YES
8. Diabetes	IF YES, No medication OR Medication (please list):
	On Times Taken
	8a. Doses: 8b. Times Taken:
	NO YES
9. Emotional/Psychological problems	IF YES, No medication OR Medication (please list):
	NO YES
10. Heart Condition	IF YES, No medication OR Medication (please list):
	NO YES (please describe):
11. Nerve disorders other than seizure/epilepsy	
	NO YES
12. Organ Transplant	IF YES, No medication OR Medication (please list):
	NO YES (please describe)
13. Seizure Disorder	If YES, No medication OR Medication (please list):
	13a. Type:
14. Vision, Hearing or Speech problems	NO YES (please describe):
15. Other, describe	

## **Student Medical Form: Part 2**

		STEP 3:	Complete	e Hospital Information:	
permission to contact our family	doctor for consultation	on if needed. If a seriou	us illness o	r accident occurs at school,	ssion to contact any of the emergency contacts listed. You have our , I understand that my child will be sent by the rescue squad to the Our medical insurance plan limits us to a specific hospital.
Preferred Hospitals: Ken	iosha:			Burlington	:
		STEP 4: Com	olete Eme	ergency Contact Inform	ation
Full Legal Name	Relationsh	ip to Student			Telephone Numbers
			Cell/	Home:	
		1	Cell/	Home:	
			Cell/	Home:	
			Cell/	Home:	
		STEP 5: 0	omplete	Medication Information	1
Name of Medication	า	Dose	-	Time of Situation	Who Administered (child/adult)
	es or injury resulting di	irectly or indirectly from its	s authorization	on. Each medication given at se	chool requires written parental consent. Each prescription medication requires a
Cell/Home:  Cell/Home:  Cell/Home:  Cell/Home:  Cell/Home:  STEP 5: Complete Medication Information Name of Medication  Name of Medication  Dose  Time of Situation  Who Administered (child/adult)  *IMPORTANT: I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment. I release and agree to hold the Board of Education, its officials, and its					
STEP 4: Complete Emergency Contact Information					

#### The Wisconsin HLS Form

Purpose

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child. Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

child is identified as eligible for I	English lang	juage services, you may decline some or all of th	e services offered to your child.	
	Sī	FEP 1: Complete Child's Information:		
Child's First Name		Child's Last Name		Date of Birth
Address (City, State, Zip)		Grade		District
		665		
School		District ID	Date	of Administration
	STEP 2	2: Complete Parent/Guardian Information:		
Parent/Guardian Full Legal Name		Relation	ship to Student	
Parent/Guardian Signature			Date	
		Parental Preferences		
Parental Preferen	ces for lan	guages used for school communications (ma	y be multiple):	
Parent/Guardian Full Legal Name		Preferred Oral Language	Preferred Written L	anguage
Parent/Guardian Full Legal Name		Preferred Oral Language	Preferred Written Language	
		OFFICE USE ONLY:		
HLS Result: Screen Do Not Screen		Instructions: Once completed, please provide a	copy to the Special Education C	ffice.

STEP 3: Complete Sections 1 and 2
Section 1
Question 1: Was the first language used by your student English?
Yes: Go to Question 2. OR No: Go to Question 3
Question 2: When at home, does this student hear or use a language other than English more than half of the time?
Yes: Go to Question 4. OR No: HLS is complete
Question 3: When at home, does this student hear or use a language other than English more than half of the time?
Yes: HLS is complete. Go to Section 2 OR No: Go to Question 4.
Question 4: 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: Record other language(s). HLS is complete. Go to Section 2 OR No: Go to Question 5.
Question 5: 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: Record other language(s). HLS is complete. Go to Section 2 OR No: Go to Question 6.
Question 6: 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: Record other language(s). HLS is complete. Go to Section 2 OR No: Go to Question 7.
Question 7: Is the student a Native American, Native Alaskan, or Native Hawiian?
Yes: Go to Question 8. <b>OR</b> No: Go to Question 9.
Question 8: Is this student's language influenced by a Tribal language through a parent, grandparent, relative or guardian?
Yes: Record other language(s). HLS is complete. Go to Section 2 OR No: Go to Question 9.
Question 9: Has the student recently moved from another school district where they were identified as an English Language Learner?
Yes: ELP should be carried over from the sending district. <b>OR</b> No: Go to Section 2.
Section 2
Languages other than English used by student, if identified:

# STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age and grade level according to the Wisconsin Student Immunization Law. These requirements can be waived for health, religious or personal conviction reasons. Additional immunizations may be recommended for your child depending on his or her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

Grade/Age			Number of	Doses		
Pre-K (ages 2 through 4 yrs) <sup>1</sup>	4 DTaP/DTP/DT <sup>2</sup>		3 Polio	3 Hepatitis B <sup>6</sup>	1 MMR <sup>7</sup>	1 Varicella8
Kindergarten through Grade 5	4 DTaP/DTP/DT/Td <sup>2,3</sup>		4 Polio <sup>5</sup>	3 Hepatitis B <sup>6</sup>	2 MMR <sup>7</sup>	2 Varicella <sup>8</sup>
Grades 6 through 12	4 DTaP/DTP/DT/Td <sup>2</sup>	1 Tdap⁴	4 Polio <sup>5</sup>	3 Hepatitis B <sup>6</sup>	2 MMR <sup>7</sup>	2 Varicella8

- 1. Children 5 years of age or older who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5, which would normally correspond to the individual's age.
- 2. D = diphtheria, T = tetanus, P = pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students Pre-K through 12: Four doses are required. However, if a student received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. **Note**: A dose four days or less before the 4<sup>th</sup> birthday is also acceptable.
- 3. DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> dose) to be compliant. **Note**: A dose four days or less before the 4<sup>th</sup> birthday is also acceptable.
- 4. Tdap is an adolescent tetanus, diphtheria, and acellular pertussis combination vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
- 5. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if a student received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. **Note**: a dose four days or less before the 4<sup>th</sup> birthday is also acceptable.
- 6. Laboratory evidence of immunity to hepatitis B is also acceptable.
- 7. MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the 1<sup>st</sup> birthday. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable. **Note**: A dose four days or less before the 1<sup>st</sup> birthday is also acceptable.
- 8. Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.



#### STATE OF WISCONSIN

Division of Public Health F-04020L (Rev. 6/2020)

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.

Student's Name	Birthdate (MM/DD/YYY	(Y) Gender	Schoo	ol		Grade	Schoo
Name of Parent/Guardian/Legal Custodian	Address (Street,	City, State, Z	ip)		Telepho	one Numbe	er
IMMUNIZATION HISTORY							
List the MONTH, DAY, AND YEAR your child requestion about chickenpox, Tdap, or Td. If you department to obtain it.							
TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DO		THIRD DOSE MM/DD/YYYY	FOURTH DO:		FIFTH DO
<b>DTaP/DTP/DT/Td</b> (Diphtheria, Tetanus, Pertussis)							
Adolescent booster (Check appropriate box) ☐ Tdap ☐ Td							
Polio							
Hepatitis B							
MMR (Measles, Mumps, Rubella)							
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:	d						
Has your child had Varicella (chickenpox) diseas	se? Check the	Has your chi	ld had a	a blood test (titer	) that shows in	nmunity (h	ad disea
appropriate box and provide the year if known:		previous vac	cination	n) to any of the fo	illowing? (Che	ck all that	apply)
☐ YES Year (Vaccine not required)		· <del></del>		asles  Mumps	□ Rubella	☐ Hepatiti	s B
☐ NO or Unsure (Vaccine required)		If YES, provi	de labo	oratory report(s)			
REQUIREMENTS							
Refer to the age/grade level requirements for the	e current school year to	determine if	this stu	dent meets the r	equirements.		
COMPLIANCE DATA							
STUDENT MEETS ALL REQUIREMENTS Sign at Step 5 and return this form to school.  Or							
STUDENT DOES NOT MEET ALL REQUIREM	ENTS						
Check the appropriate box below, sign at Step 5 MAY BE EXCLUDED FROM SCHOOL IF AN O	i, and return this form to UTBREAK OF ONE OF	o school. PLE F THESE DIS	ASE NO	OTE THAT INCO	MPLETELY II	MMUNIZE	O STUD
Although my child has <b>NOT</b> received <b>ALL</b> SECOND DOSE(S) must be received by t DOSE(S) if required must be received by t writing each time my child receives a dose	he 90th school day afte the 30th school day ne	er admission t	o schoo	ol this year, and t	hat the THIRD	DOSE(S)	and FO
NOTE: Failure to stay on schedule may resu	ult in exclusion from s	school, court	action	and/or forfeitu	re penalty.		
WAIVERS (List in Step 2 above, the date(s)	of any immunizations	vour child has	alread	v received)			
For health reasons this student should no							
SIGNATURE - Physician				Date Signe	d		
For religious reasons, I have chosen not						ipply)	
For personal conviction reasons, I have						eck all that	apply)
SIGNATURE							
This form is complete and accurate to the best o immunization records and as they are updated in	of my knowledge. Check	k one: (I do	ldo	not 🗌 ) give p	ermission to sh	nare my ch	ild's curr

Date Signed

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student

# **Bristol School District #1 Records Release Form**

AUTHORIZATION	
I hereby authorize	
(Name of School) to release records to Bristol School District #1 copies for the records of:	
Child(ren)'s First Name	Child(ren)'s Last Name
PROGRESS RECORDS	
<ul> <li>ALL Progress Records</li> <li>Statement of courses taken</li> <li>Grades</li> <li>Attendance records</li> <li>Statement of extracurricular activities</li> </ul>	
BEHAVIORAL RECORDS	
<ul> <li>ALL Behavioral Records</li> <li>Psychological tests</li> <li>Anecdotal evaluations</li> <li>Standardized achievement tests</li> <li>Health</li> <li>Others, specify:</li> </ul>	
Date:	Parent/Guardian Signature:
Note: Valid only if signed by an adult parent (18 years of age or older), parent or guardian of a minor pupil.	