



BRISTOL SCHOOL DISTRICT #1
NEW STUDENT ENROLLMENT PACKET

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Affidavit of Residency

STEP 1: Complete Child(ren)'s Information:

Child's First Name	Child's Middle Name	Child's Last Name	Date of Birth

STEP 2: Provide Proof of Residency, which must be established in Category I and II: Three (3) documents are required.

Category I (One document showing proper address)		Category 2 (Two documents showing proper address)		
<input type="checkbox"/> Real Estate Tax Bill	<input type="checkbox"/> Signed Lease	<input type="checkbox"/> WI Driver's License	<input type="checkbox"/> Auto Registration	<input type="checkbox"/> Gas or Electric Bill
<input type="checkbox"/> Mortgage Papers	<input type="checkbox"/> Sales Agreement	<input type="checkbox"/> Voter Registration	<input type="checkbox"/> State of Wisconsin ID Card	<input type="checkbox"/> Other, please specify:
		<input type="checkbox"/> Residence Insurance Papers	<input type="checkbox"/> Public Aid Card	

STEP 3: Parent's Acknowledgment

This proof of residency is to attest to the fact that the above child is not enrolling at Bristol School District #1 solely for school purposes and is living on a permanent basis with the person having complete custody and control. Registration of a student who is not a resident is a fraudulent act. Any student found to have been fraudulently registered will be dropped from the attendance rolls immediately. Parents or guardians making a fraudulent registration will be subject to the payment of retroactive tuition charged for non-resident students, not to exceed 100% of the per pupil cost. I certify that I understand the residency requirements and that I know the penalty for fraudulent registration.

Date:	Parent/Guardian Signature:	Relation to Student:
Address (City, State, Zip)		

STEP 4: Read and Initial Student Residency - Policy #426

	Initial in the box
A student who is a resident of the Bristol School District #1 has the right to a tuition free education, provided the student has not previously been expelled from Bristol School District #1 or another school. Whenever a question arises concerning residency, an investigation shall take place by the District Administrator or designated person to determine resident status. It shall be the responsibility of the parent or legal guardian to demonstrate proper documentation to verify residency within the boundaries of Bristol School District #1. The parent or legal guardian shall provide documentation consistent with the "Affidavit of Residency" associated with this policy.	
A student attending Bristol School District #1 under the provisions of Open Enrollment, including via Tuition Waiver, is exempt from the residency requirement. All other non-resident students may attend Bristol School District #1 on a tuition basis with the approval of the Board. A written contract will be developed in such instances and the parent or legal guardian shall be charged tuition as determined by the State of Wisconsin annually. Such non-resident tuition shall be paid in advance of the time of registration. A quarterly payment schedule may be arranged.	

SCHOOL OFFICE ONLY

PROCESSED BY:	
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Student Enrollment Form

STEP 1: Complete Child's Information:

Child's First Name	Child's Middle Name	Child's Last Name	Preferred Name <i>i.e.</i> : "Liam" instead of "William"
Date of Birth	Birth Place: City	Birth Place: State/Country	
<input type="checkbox"/> Male <input type="checkbox"/> Female			
Gender	Grade	Email Address	

STEP 2: Check Appropriate Boxes

Ethnic Background	Primary Language
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please list):
Additional Programs	Race Categories
<input type="checkbox"/> 504 <input type="checkbox"/> Special Education <input type="checkbox"/> At Risk	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/ African American <input type="checkbox"/> Native Hawaiian/Pacific Islander

STEP 3: Parent Information

	Full Legal Name	Address (City, State, Zip)	Phone Numbers	Pickup
Parent #1			<input type="checkbox"/> Cell: <input type="checkbox"/> Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent #2			<input type="checkbox"/> Cell: <input type="checkbox"/> Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No

STEP 4: Legal Guardian Information

If a student resides with a STEPparent or another guardian, please complete the following:

	Full Legal Name	Address (City, State, Zip)	Phone Numbers	Pickup
Legal Guardian #3			<input type="checkbox"/> Cell: <input type="checkbox"/> Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Guardian #4			<input type="checkbox"/> Cell: <input type="checkbox"/> Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No

STEP 5: Complete Parent/Guardian Signature

I certify and understand the residency requirements and know the penalty for fraudulent registration.

Parent/Guardian Signature	Parent/Guardian Signature

Student Medical Form: Part 1

STEP 1: Complete Child's Information:

			MY CHILD HAS A CONDITION THAT IS POTENTIALLY LIFE THREATENING: <input type="checkbox"/> YES <input type="checkbox"/> NO
Child's First Name	Child's Last Name	Grade	
<i>Confidential Health Information: If your child's doctor has told you your child has any of the conditions noted below, please check the box and answer any questions related to the problem.</i>			

STEP 2: Complete Student Medical Form Information

1. Attention Deficit Disorder with or without hyperactivity	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, <input type="checkbox"/> No medication OR <input type="checkbox"/> Medication:
2. Allergies	<input type="checkbox"/> NO <input type="checkbox"/> YES but no allergy kit is needed <input type="checkbox"/> YES AND AN ALLERGY KIT IS NEEDED - Kit Type needed: 2a. If YES, <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex/Rubber <input type="checkbox"/> Medication <input type="checkbox"/> Other 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? <input type="checkbox"/> NO <input type="checkbox"/> YES 2d. If an allergy kit is needed, have you supplied the office with a kit? <input type="checkbox"/> NO <input type="checkbox"/> YES
3. Asthma	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, <input type="checkbox"/> No medication OR <input type="checkbox"/> Medication (please list):
4. Problems that affect walking or movement	<input type="checkbox"/> NO <input type="checkbox"/> YES (please describe):
5. Cancer	<input type="checkbox"/> NO <input type="checkbox"/> YES (please describe):
6. Birth defects	<input type="checkbox"/> NO <input type="checkbox"/> YES (please describe):
7. Blood disorder other than HIV/AIDS (i.e. Sickle Cell)	<input type="checkbox"/> NO <input type="checkbox"/> YES (please describe):

Student Medical Form: Part 2

STEP 3: Complete Hospital Information:

If my child becomes ill at school and you cannot reach me by phone, the principal and his/her designee has permission to contact any of the emergency contacts listed. You have our permission to contact our family doctor for consultation if needed. If a serious illness or accident occurs at school, I understand that my child will be sent by the rescue squad to the emergency room. (All expenses charged by the hospital are the responsibility of the Parent/Guardian.) Our medical insurance plan limits us to a specific hospital.

Preferred Hospitals: Kenosha: _____ Burlington: _____

STEP 4: Complete Emergency Contact Information

Full Legal Name	Relationship to Student	Telephone Numbers
		<input type="checkbox"/> Cell/Home: _____
		<input type="checkbox"/> Cell/Home: _____
		<input type="checkbox"/> Cell/Home: _____
		<input type="checkbox"/> Cell/Home: _____

STEP 5: Complete Medication Information

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 employees harmless from any and all liability for damages or injury resulting directly or indirectly from its authorization. Each medication given at school requires written parental consent. Each prescription medication requires a physician's written order and written parental consent. Medication forms may be obtained from the school office.

Date	Parent/Guardian Signature

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.

STEP 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: Complete Parent/Guardian Information:

Parent/Guardian Full Legal Name	Relationship to Student
Parent/Guardian Signature	Date

Parental Preferences

Parental Preferences for languages used for school communications (may be multiple):

Parent/Guardian Full Legal Name	Preferred Oral Language	Preferred Written Language
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 Office.

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 Hawaiian?

Yes: Go to Question 8. **OR** 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. **OR** 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) ¹	4 DTaP/DTP/DT ²	3 Polio	3 Hepatitis B ⁶	1 MMR ⁷	1 Varicella ⁸	
Kindergarten through Grade 5	4 DTaP/DTP/DT/Td ^{2,3}	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸	
Grades 6 through 12	4 DTaP/DTP/DT/Td ²	1 Tdap ⁴	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸

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 3rd dose after the 4th birthday, further doses are not required. **Note:** A dose four days or less before the 4th birthday is also acceptable.
3. DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. **Note:** A dose four days or less before the 4th 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 3rd dose after the 4th birthday, further doses are not required. **Note:** a dose four days or less before the 4th 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 1st 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 1st 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.





BRISTOL SCHOOL DISTRICT #1

Being a positive and lasting influence for all!

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

- ALL Progress Records
- Statement of courses taken
 - Grades
 - Attendance records
 - Statement of extracurricular activities

BEHAVIORAL RECORDS

- ALL Behavioral Records
- Psychological tests
 - Anecdotal evaluations
 - Standardized achievement tests
 - Health
 - Others, specify: _____

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.