Student Enrollment Form

STEP 1: Complete Child's Information				
				☐ Male ☐ Female
Child's First Name	Child's Middle Name	Child's Last Name	Grade	Gender
Date of Birth	Birth Place: City	Birth Place: State/Country		Years in USA school
			☐ No ☐ Yes (IEP) ☐ Yes (504 Plan)	
Sending School Name & Address		Sending School Phone	IEP Services (check one)	

STEP 2: Check Appropriate Boxes	
Ethnic Background	**Primary Language**
☐ Hispanic or Latino ☐ Not Hispanic/Latino	☐ English ☐ Spanish ☐ Other (please list):
Additional Programs	**Race Categories**
☐ 504 ☐ Special Education ☐ At Risk	☐ American Indian/Alaskan Native ☐ Asian ☐ White ☐ Black/ African American ☐ Native Hawiian/Pacific Islander

STEP 3: Parent Information				
	Full Legal Name & Relationship	**Address (City, State, Zip)**	**Contact Information**	**Pickup**
Parent #1			☐ Cell: ☐ Work: ☐ Email:	☐ Yes ☐ No
Parent #2			☐ Cell: ☐ Work: ☐ Email:	☐ Yes ☐ No

STEP 4: Legal Guardian Information				
If a student resides with a STEPparent or another guardian, please complete the following:				
	Full Legal Name & Relationship	**Address (City, State, Zip)**	**Contact Information**	**Pickup**
Legal Guardian#3			☐ Cell: ☐ Work: ☐ Email:	☐ Yes ☐ No
Legal Guardian#4			☐ Cell: ☐ Work:	☐ Yes ☐ No

STEP 5: Complete Parent/Guardian Signature	
I certify and understand the residency requirements and know the penalty for fraudulent registration.	
Parent/Guardian Signature	**Date**

Affidavit of Residency

STEP 1: Complete Child(rens) Information			
Child's First Name	Child's Middle Name	Child's Last Name	Date of Birth

STEP 3: Parent's Acknowledgment

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)		
☐ Signed Lease	☐ Gas or Electric Bill	☐ State of Wisconsin ID Card	☐ Auto Registration
☐ Mortgage Papers	☐ WI Driver's License	☐ Residence Insurance Papers	☐ Voter Registration
☐ Sales Agreement	☐ Public Aid Card		

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:	

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 (Include City, State, Zip)		Grade

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:			
Bristol School	Bristol School District #1	0665	
School	District	District ID	Eval Date

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 STOP

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 ELP SCREEN **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 ELP SCREEN **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 ELP SCREEN **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 ELP SCREEN **OR** ☐ No: Go to Question 7.

Question 7: Is the student a Native American, Native Alaskan, or Native Hawiian?

☐ 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 ELP SCREEN **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. STOP

Section 2

Languages other than English used by student, if identified:

Student Medical Form: Part 1

STEP 1: Complete Child's Information:			
			☐ NO ☐ YES
Child's First Name	Child's Last Name	Grade	My Child has a life threatening condition
If, child has a potential life threatening condition, explain further in the space above.			
If your child's doctor has told you that your child has any of the conditions noted below, please check the box and answer any questions related to the problem.			

STEP 2: Confidential Student Health Information		
1	**Attention Deficit Disorder with or without hyperactivity**	☐ NO ☐ YES IF YES, ☐ No medication OR ☐ Medication: IF YES, is medication needed at school? IF YES, what time are medications taken:
2	**Allergies**	☐ NO ☐ YES BUT NO emergency meds are needed (complete only 2a & 2b) **OR** ☐ YES AND emergency meds are needed (complete 2a-2d) 2a If YES, ☐ Food ☐ Insects ☐ Latex/Rubber ☐ Medication ☐ Other 2b. List/describe any allergies to foods, insects, medications and other allergies: 2c. If emergency meds are needed, does your child know how to use it? ☐ NO ☐ YES 2d. If emergency meds are needed, have you supplied the nurse's office with a kit? ☐ NO ☐ YES
3	**Asthma**	☐ NO ☐ YES If yes, are emergency meds needed at school?
4	**Problems that affect walking or movement**	☐ NO ☐ YES (please describe):
5	**Cancer**	☐ NO ☐ YES (please describe):
6	**Birth defects**	☐ NO ☐ YES (please describe):

7	**Blood disorder other than HIV/AIDS (i.e. Sickle Cell)**	☐ NO ☐ YES (please describe):
8	**Diabetes**	☐ NO ☐ YES Type I OR ☐ YES Type II IF YES, ☐ No Medication OR ☐ Medication Name (also complete 8a & 8b):
		8a Doses:
		8b Times Taken:
9	**Emotional/ Psychological problems**	☐ NO ☐ YES IF YES, ☐ No medication OR ☐ Medication (please list):
10	**Heart Condition**	☐ NO ☐ YES IF YES, ☐ No medication OR ☐ Medication (please list):
11	**Nerve disorders other than seizure/epilepsy**	☐ NO ☐ YES (please describe):
12	**Organ Transplant**	☐ NO ☐ YES IF YES, ☐ No medication OR ☐ Medication (please list):
13	**Seizure Disorder**	☐ NO ☐ YES (please describe) If YES, ☐ No medication ☐ Medication at Home (complete 13a & 13b) ☐ Medication at School (complete only 13a)
		13a Medication Name:
		13b Medication Administered by:
14	**Vision, Hearing or Speech problems**	☐ NO ☐ YES (please describe):
15	**Other, 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
		☐ Cell/Home:
		☐ Cell/Home:
		☐ Cell/Home:
		☐ Cell/Home:

STEP 5: Complete Medication Information

Name of Medication	Dose	Time Administered	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 and Bristol's Notes from the Nurse Web Page.

Date	**Parent/Guardian Signature**

Health Examination Referral Form

STEP 1: Complete Child's Information:

			☐ Male ☐ Female
Child's First Name	Child's Middle Name	Child's Last Name	Sex

Address (City, State, Zip)	Date of Birth	Grade Level

STEP 2: Complete Parent's Information:

Parent/Guardian Full Legal Name	Email Address	Telephone Number

To the Parent's or Guardian: A periodic health exam is important for all children and adolescents and is recommended by the Department of Public Instruction (DPI). The goal of a physical exam is to identify and provide follow-up on health conditions that may adversely affect a student's health, well-being, and ability to learn. In the best interest of your child's health, we recommend your children receive a periodic physical health exam by your private provider.

STEP 3: Private Provider ONLY

3A. Based on the physical exam provided on _____, this pupil **is/is not** capable of carrying a full program of school work and physical education participation.

3A.1. If not, list restrictions in the box below	**3B. Known Allergies**
	⬜ Medication: ⬜ Insects: ⬜ Latex: ⬜ Food:
3C. Is the allergy life threatening? ⬜ Yes ⬜ No	**3D. Is an Epi-Pen needed?** ⬜ Yes ⬜ No

3E. Current Medications (Please List):

3F. Immunization(s) given at time of exam (Please List):

3G. History of significant illness or injury (Please List):

3H. Special Dietary Needs (Please List):

STEP 4: Physician's Information & Signature

Physician's Name (Print)	Physician Signature	Date

Address (City, State, Zip)	Telephone Number

Dental Referral Form

STEP 1: Complete Child's Information:			
Child's First Name	Child's Last Name	Date of Birth	Age
Address (City, State, Zip)		Dentist's Name (Please Print)	

STEP 2: Review Parent's Message

To the Parent or Guardian:

Teeth are important to your child's health, comfort, behavior, progress in school and personal appearance. In the best interest of your child's health, we suggest that you take your child to your family dentist for an examination and the dental care that is necessary.

STEP 3: FOR DENTIST ONLY

3A. Check one of the following statements above before signing and returning this form:

☐ have examined the teeth of the above child. No dental work is necessary.

☐ Some dental work has been completed.

Please list below the following dental work needs to be completed:

STEP 4: DENTIST SIGNATURE

Date	Dentist's Name (Please Print)	Signature of Dentist

Kindergarten Eye Health Examination Report
(ONLY STUDENTS ENTERING KINDERGARTEN; SKIP FOR ALL OTHER GRADES)

STEP 1: Complete Child's Information:

Child's First Name	Child's Last Name	School/Kindergarten	Date of Birth
☐ Male ☐ Female			
Sex	Address (City, State, Zip)		Date Entering Kindergarten

Parent/Guardian Signature

STEP 2: For Examining Doctor ONLY: Examination

The State of Wisconsin encourages parents of Kindergarteners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at minimum, the elements listed below.
By checking the box, the examining doctor is indicating that the element checked was performed.

☐ Brief history (general health and eye health) of the child, including family history	☐ General external observation of the child's eyes and surrounding structures	☐ Ophthalmoscopic examination through an undilated pupil
☐ Gross measurement of peripheral vision	☐ Evaluation of eye coordination and function (alignment and motility)	☐ Visual activity for each eye

STEP 3: For Examining Doctor ONLY: Findings

As a result of this examination, follow-up care for the child is recommended (please check): ☐ Yes ☐ No

Date of Examination	Doctor/Physician Name (Print)
Telephone Number	Doctor/Physician Signature

STEP 4: Read Important Parent Notice and Sign

This examination is not required by law. Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats. Disclosure of this information is voluntary and there is no penalty for non-compliance.You are encouraged to provide a copy of this form to the school and keep a copy for your record. Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Date	**Parent/Guardian Signature**

BRISTOL SCHOOL DISTRICT #1

Being a positive and lasting influence for all!

Bristol School District #1 Records Release Form

AUTHORIZATION	
Bristol School District #1 20121 83rd Street Bristol, WI 53104	Transferring School _____ Address _____
Phone Number: 262-857-2334	Phone Number_____
Fax: 262-857-6644	Fax:_____

Student's Full Legal Name	Date of Birth (mm/dd/yyyy)	Grade

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

☑ ALL Special Ed Records (if applicable)
- IEP
- Evaluation

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

School Official	Date