



NEW STUDENT REGISTRATION FORM - SECONDARY

A NON-REFUNDABLE BOOK & MATERIAL FEE OF \$45 IS DUE AT THE TIME OF REGISTRATION.

Student **Legal** Name: _____
(First Name) (Full Middle Name) (Last Name) (Suffix-Jr., III, etc.)

Place of Birth: _____
(City) (State) (County)

Birth Date: _____ Gender: Male Female

Bus Student: YES NO

Grade Entering: _____ If born outside U.S., date first attended a U.S. school: _____

School last attended: _____
(School name)

(Street) (City) (State) (Zip Code)

Date last attended at previous school: _____

- Has this student ever attended a Wisconsin Rapids Public School? Yes No
If yes, what school? _____
- Has this student ever been enrolled in any type of special education program?
 Yes No If **yes**, please explain:
- Is this student currently receiving "English Language Learner" Services (ELL, EL, ESL)? Yes No
- Wisconsin State Statute 120.13 (1) (f) states that no school board is required to enroll a pupil during the term of his or her expulsion from another school district. Has this student ever been expelled from a school or have an abeyance agreement in lieu of expulsion? Yes No If **yes**, please explain.

LANGUAGE INFORMATION

1. Is a language other than English spoken in the student's home on a regular basis? YES NO
If **YES**, what language is spoken? Hmong Spanish Other: _____
2. Does the student use language other than English on a regular basis? YES NO
If **YES**, what language is it? Hmong Spanish Other: _____
3. Do you want a translator available at school conferences? YES NO
4. Do you require a sign language interpreter at school activities? YES NO

PLEASE TURN FORM OVER AND COMPLETE BACK SIDE

RACE: (Federal regulations require **both questions must be answered**)

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:

- Columbian
- Ecuadorian
- Guatemalan
- Mexican
- Puerto Rican
- Salvadoran
- Spaniard/Spanish/Spanish-American
- Decline to indicate
- Unknown
- 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 all that apply from the list below:

- Bad River Band
- Forest County
- Ho-Chunk
- Lac Courte Oreilles
- Lac du Flambeau
- Menominee
- Oneida Nation (Wisconsin)
- Red Cliff
- Sokaogon
- St. Croix
- Stockbridge
- Brothertown
- Other *Please select value form Tribal Affiliation List* _____

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

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

- Burmese
- Chinese
- Filipino
- Hmong
- Indian
- Karen
- Korean
- Vietnamese
- Decline to indicate
- Unknown
- Other _____

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- 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:

- African-American
- Ethiopian-Oromo
- Ethiopian-Other
- Liberian
- Nigerian
- Somali
- Decline to indicate
- Unknown
- Other _____

-
- Native Hawaiian or Other Pacific Islander

-
- White
-

Parent/Guardian Signature

Date



510 Peach Street
 Wisconsin Rapids, WI 54494
 (715) 424-6700

**WISCONSIN RAPIDS PUBLIC SCHOOLS
 DISTRICT STUDENT INFORMATION FORM**

Primary Phone: _____

Student Legal Last Name /Full First Name/Full Middle Name/Suffix (Jr., III, etc.) _____

WRPS School attending: _____ **Student** Cell Phone (optional): _____

Are you attending under: Boundary Exception Open Enrollment Neither – this is student’s normal attendance area

Grade: _____ Birth Date: _____ Age: _____ Gender: Male Female

Who has primary/physical custody of student? Father/Mother in Same Home Together Father Mother Step Parent
 Foster Parent Guardian 50/50 Joint Custody Father/Mother Other _____
 (Primary custodians listed under Family 1 will be contacted FIRST in cases of emergency or illness.)

Do you have a court ordered custody agreement? Yes No N/A
 (If YES, please provide a copy of the most current paperwork.)

Who does the student live with? If child lives with BOTH parents at same address, please fill out section ❶. If child lives part-time at one residence as the primary placement address, and part-time at another address due to a custody arrangement, please fill out the information in section ❶ below for the primary placement address, and section ❷ below to indicate the secondary address where the child resides.

Please include your e-mail address on this form – it is very important for communication.

❶ FAMILY 1

This gray section pertains to the person having primary custody who is completing this form:

Guardian: _____ Cell Phone: _____
 E-mail address: _____
 Relationship to Student: _____ Work Phone: _____
 Times Worked: _____
 Place of Employment: _____
YOUR Home Phone: _____
 Address: _____
 City State Zip

Other Adult Contact Person at Above Address:

NOTE: Only list parents, legal guardians, step-parents, or foster parents. All others should be listed on the back under “Emergency Contacts.” (Examples: Adult Siblings, Aunts, Uncles, Grandparents, Friends)
 Cell Phone: _____
 E-mail address: _____
 NAME: _____
 Relationship to Student: _____
 Place of Employment: _____ Work Phone: _____
 Times Worked: _____

If the above individual is a step-parent, do you grant permission for the school to communicate with and share information with him/her concerning the student whom you are enrolling? YES NO

❷ FAMILY 2

Relationship: Father Mother Step Parent Foster Parent Guardian Other _____
 Name(s): _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City State Zip E-mail Address: _____
 Place of Employment: _____ Work Phone: _____
 Times Worked: _____

Please turn form over to complete back side.

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CURRENTLY, where is the **student** living? (**Check one**) *Please note: This is a required question which affects District funding for our Homeless program. Thank you for taking the time to answer this question.*

- WITH parent/guardian in own home or apartment
- WITH friends or family members (without parent/guardian)
- WITH parent/guardian at another family/friend's home due to loss of housing or as a result of economic hardship
- IN shelter (example: Family Center) IN motel, car, or campsite
- STUDENT on own, in home or apartment OTHER (please explain) _____

Other children from your household attending Wisconsin Rapids Public Schools:

Name : _____ School: _____ Grade: _____

Name : _____ School: _____ Grade: _____

Name : _____ School: _____ Grade: _____

MIGRANT INFORMATION

- Have you moved within the preceding thirty-six (36) months for the purpose of finding seasonal or temporary employment directly related to the producing or processing of crops or livestock, dairy farm employment, planting or harvesting trees, or catching shell fish or fish in natural waters?
 YES NO

If yes: When did you move? _____
From where did you move? _____
To where did you move? _____

- Did any children from birth to twenty-one (21) years of age move with you, or move to join you, related to this work search or employment? YES NO
- Are you under twenty-two (22) years of age? YES NO
- May local or state education staff visit with you at your home for more information from you about migratory children in your household?
 YES NO Best time of availability: _____

MILITARY QUESTIONNAIRE

We are required to ask the following information (please check "yes" or "no" as appropriate):

- Is either parent or guardian on 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

DAYCARE PROVIDER (if applicable): Does your child attend daycare? Please fill in the information below concerning daycare attendance:

NAME OF DAYCARE PROVIDER(S): _____

ADDRESS: _____ PHONE: _____

EMERGENCY CONTACTS: List up to four individuals who will assume temporary care of your child and/or has your permission to pick your child up from school if you cannot be reached:

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

WHILE participating in school activities and/or attending FIELD TRIPS, I authorize treatment by a licensed medical physician/dentist of the above minor in the event of a medical/dental emergency that, in the opinion of the attending physician/dentist, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. The authority granted is only to be exercised after reasonable efforts have been made to reach me *if time so permits*. If I cannot be reached, I authorize the school Principal, teacher certified CPR/first aide staff, or my designated contact person to call or drive my child to the physician or dentist listed above, or the nearest hospital if emergency care is needed. An ambulance may be called if necessary. This release form is completed and signed below of my own free will and is for the sole purpose of authorizing necessary medical treatment under emergency circumstances in my absence. **Special Accommodations:** Students with disabilities who need special accommodations to participate in activities should inform the school, prior to activity date.

Parent/Guardian Signature: _____ Date: _____



NEW STUDENT MEDICAL RECORD

WISCONSIN RAPIDS PUBLIC SCHOOLS

This information will be shared with appropriate school personnel only.

Student Name: _____ Gender: M / F Birth Date: _____ Age: _____ Grade _____

Parent/Legal Guardian: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone number: _____

Physician: _____ Phone # _____ Copy of Immunizations: Yes No

Dentist: _____ Phone # _____

Does your child take prescribed medication? Yes No If Yes... Taken At Home Taken At School

What medication: _____

What for: _____

MEDICAL HISTORY (check items child has had)

Table with 3 columns of medical conditions: Arthritis, Asthma, Attention Deficit Disorder, Bladder/Kidney Infection, Blood Disorder, Bowel Problems, Chicken Pox, Diabetes, Ear Infections (chronic), Epilepsy/seizure disorder, Emotional/Mental Illness, Heart Disease/Defect, High Blood Pressure, Premature Birth, Traumatic Brain Injury, Other.

Additional Information _____

Vision Problem (explain) _____

Does your child wear glasses? Yes _____ No _____ Does your child wear contact lenses? Yes _____ No _____

Hearing Problem (explain) _____

Student has allergies to: Animals Foods Insects Medication Seasonal

Specify Allergies: _____

Describe Allergic Reaction: _____

Does your child require an EpiPen? Yes _____ No _____ Antihistamine (Benadryl) Yes _____ No _____

Serious accidents: _____

Operations (what and when): _____

Are there any special medical or other concerns that the school should be aware of to enable us to design an educational program for your child? _____

Are there any health conditions regarding your child that you would like to discuss with the school nurse? Yes _____ No _____

(For Kindergarten Only) Is your child toilet trained? Yes _____ No _____

Parent Signature

Date

STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age/grade level according to the Wisconsin Student Immunization Law. Additional immunizations may be recommended for your child depending on his/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 ¹ /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 > 4 years of age 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 adolescent tetanus, diphtheria and acellular pertussis 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 first birthday Note: a dose four days or less before the 1st birthday is also acceptable. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable.
8. Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.

