

# SCHOOL DISTRICT OF RIVER FALLS

## STUDENT REGISTRATION FORM

Please complete one form for each student being enrolled for the Student's School.

<b>Demographic Information</b>					
Student's Legal Name:  First Middle Last	For Office Use Only: Entry Date:				
Preferred Name:					
Legal Sex: M F Preferred Gender:	Student #:				
Birthdate: Grade:					
Home Phone: ()					
*Primary Address: City State Zip	☐ Records Release ☐ Birth Cert				
City State Zip Previous School:	☐ Immunizations ☐ Grad Yr.				
Previous School Address:	Lunch				
Previously enrolled in River Falls? Yes No If yes, where?	☐ Acct/PIN ☐ Tech Requested?				
Birth City, State:	☐ Yes ☐ No				
Birth County: Birth Country:	Google				
(If Applicable) Students Cell Phone:					
*Primary and Secondary household labels do not necessarily reflect custody or placement. Labels are used for busing purposes only. When the child has 2 addresses the primary label should reflect an in-district address and/or the address where the child receives bussing.					
1. Ethnicity: Are you Hispanic or Latino? (Select only one)  2. Race: Select all of the following categories that apply (You must select at least one of the following)  American Indian or Alaska Native	ly to you:				
□ No, not Hispanic or Latino □ Asian □ Black or African American					
☐ Yes, Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander ☐ White					
Transportation (Elementary Only) In Case of Unscheduled Early Dismissal					
My child should be: dropped off/ go to/ with  Ride Walk					
Telephone Number:()					

School Safety
State law requires that a parent or guardian of a child who has been adjudicated guilty or previously expelled for homicide, assault, or violation of state law or school regulations relating to weapons, alcohol or drugs notify a new school at the time of registration. In compliance with this requirement, please check any of the following that apply to this student:  Adjudicated guilty  Expelled from school (If applicable, please list the name of the school):  Disciplined for a violation of state law or school regulation relating to weapons, alcohol or drugs
The facts are as follows:
Participation in Programs
Please check if any of these apply to your son/daughter:  Open Enrollment Special Education/IEP Section 504 Title One English Language Learner
Sports Eligibility (Middle & High School Only)
Will the student enrolling participate in any WIAA Athletic Activities?  Yes No
If yes, please list what sport(s):
Financial and Community Support
Please check this box if your family is in need of financial and community resources, such as school-based dental care, free food resources, holiday support and meals, free winter clothing, ect. By checking this box, Student Services staff will be able to provide information directly to you as it becomes available.
*If you are not living in your own apartment or home due to financial reasons, you may qualify for services under the McKinney-Vento Homeless Assistance Act. Students may be eligible for free transportation, school meals, school supplies, and the waiver of school fees.
Please check the box that best describes your current living situation. (Check all that apply)  (Checking a box below does not guarantee services. A staff member may need to contact you for additional information.)  In a shelter (family shelter, domestic violence, youth, or temporary housing)  In a motel, hotel, or weekly rate housing  Sharing the housing of other persons due to loss of housing, economic hardship, or similar reasons.  In an abandoned building, or other inadequate accommodations, or in a car  Without any shelter

With friends or family because you are an unaccompanied youth

Parent/Guardian Authorizations				
Permissions will be assumed unless marked below to not allow.				
Publication of school-Sponsored Photos and Student Work  I DO NOT give permission for the school to publish school sponsored photos of my child or his/her school work.				
Local Field Trips  I DO NOT give my permission for all local field trips for students.  These field trips might include activities in the park, visits to the University, nature walks, caroling downtown, and trips to local businesses. We will continue to require a permission slip for all field trips where bussing is required. Notification on all field trips will be sent home, please contact your child's teacher if you have questions regarding a specific field trip.				
Acceptable Use of Network  ☐ I have read the Student Acceptable Use Policy, I give permission for my child to access all components of the district network and release the district from any and all claims and damages of any nature arising from the use of this network.				
Student Handbook  I will review/read the Student Handbook that can be found online. (www.rfsd.k12.wi.us>school webpage>Student Handbook)				
Acknowledgement required below:				
Parent/Guardian Signature Date				
Primary Household (Address from first page, where students on page 4 reside)				
Parent or Guardian 1 (This is the parent/guardian for the students listed on page 4.)				
Name:				
First Middle Last Employer: Work Phone: ()				
Cell Phone: () Primary Email Address:				
Preferred daytime phone: () Alternate Email Address:				
Parent/Guardian Legal Guardian (by Court) Stepparent Foster Parent Other				
Contact Priority 1 2 3 4 Portal Emails Mailings				
Parent or Guardian 2 (This is the 2nd parent/guardian or step/individual living in the primary household.)				
Name:First Middle Last				
First Middle Last Employer: Work Phone: ()				
Cell Phone: () Primary Email Address:				
Preferred daytime phone: () Alternate Email Address:				
Parent/Guardian Legal Guardian (by Court) Stepparent Foster Parent Other				
Contact Priority 1 2 3 4 Portal Emails Mailings				

			P.O.Bo	ox:			
City/State:		Zip:		Home Pho	ne: ()		
Parent or Guardian 3 (Th	is will generally	be a parent	who does NOT l	ive in the Prir	nary Househo	old with the stude	ents.)
Name:First Employer:				Work Phone:		ast	
Cell Phone: ()		Primar	y Email Address:	:			
Preferred daytime phone: (_	)		Alternate E	mail Address:			
Parent/Guardian Le	gal Guardian (b	y Court)	Stepparent	Foster	Parent	Other	
Contact Priority 1	2 3	4		Portal	Emails	Mailings	
Parent or Guardian 4 (Th	is will generally	be the step	/individual living	with a parent	in a Secondar	ry Household.)	
Name:First			Middle		L	ast	
Employer:			,	Work Phone:	()		
Cell Phone: ()		Primar	y Email Address:	:			
Preferred daytime phone: (_							
Parent/Guardian Le	gal Guardian (b	y Court)	Stepparent	Foster	Parent	Other	
Contact Priority 1	2 3	4		Portal	Emails	Mailings	

# $Students\ in\ the\ same\ Primary\ Household\ Attending\ Schools\ (Ages\ 3\ and\ above)$

This information only needs to be completed at one school.

Please list the name of	of the school where the househ	old information	n was submitted:	
1st Students LEGAL N	Name: First		ddle	Last
Date of Birth/_	/ Grade	::	School:	
Lives With: Parent/Guardian	Legal Guardian (by court)	Stepparent	Foster Parent	Other
2nd Students LEGAL	Name:First		ddle	Last
Date of Birth/_	/ Grade	::	School:	
Lives With: Parent/Guardian	Legal Guardian (by court)	Stepparent	Foster Parent	Other
3rd Students LEGAL	Name: First		ddle	Last
Date of Birth/_	/ Grade	::	School:	
Lives With: Parent/Guardian	Legal Guardian (by court)	Stepparent	Foster Parent	Other
4th Students LEGAL Name: First Middle Last				
Date of Birth/_	/ Grade	::	School:	
Lives With: Parent/Guardian	Legal Guardian (by court)	Stepparent	Foster Parent	Other
List any additional stu	dents on a separate sheet of pap	oer.		

Regis	stration Form Signature Page				
	I verify that the information supplied is correct and current.				
	I will inform the school of any changes in this information.				
	I authorize any school personnel to take reasonable emergency measures on behalf of my child and agree to hold them harmless for any treatment rendered.				
	I have authorized appropriate permission on page 2.				
Pare	ent/Guardian Signature	Date:			
Pare	ent/Guardian Signature	Date:			
**Tl	ne Student Acceptable Use Policies can be found at the end of this d	ocument and should be removed for future use.			
	ve received a copy of the Student Acceptable Use Policies (Addendum School District of River Falls.	A) and will abide by these policies as set forth by			
Foc	us/TA/Classroom Teacher:				
Stud	dent's Name:(Printed)				
Stud	lent's Signature:	Date:			

School District of River Falls

852 E Division Street, River Falls, WI 54022 | Telephone: (715) 425-1800 x.1108 | Fax: (715) 425-1804 Karin Brandvold, RN, District Nurse | Email: karin.brandvold@rfsd.k12.wi.us

Date:	Sti	ident Health Ii	nformation Form		
Name of Student:			_DOB:	_Grade:_	
Parent/Guardian Name:	arent/Guardian Name: Parent/Guardian Name:				
Student's Authorized Practitioner:_					
Clinic's Location:					
Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head Injury, concussions		
Asthma or breathing problems			Hearing problems or deafnes	ss	
Attention-Deficit/Hyperactivity Disorder (ADD or ADHD)			Heart problems		
Behavioral problems			Muscle problems		
Developmental problems			Seizures		
Bladder problems			Sickle cell disease		
Bleeding problem			Speech problems		
Bowel problems			Spinal injury		
Cerebral palsy			Surgery		
Cystic fibrosis			Vision problems		
Dental problems			Other		
Describe any other important health-support, hearing aid, dental appliance.  List all prescriptions, over-the-count	e, etc.)			g tube, h	ospitalizations, oxyger
Does your child require medication of	during	school hours?	YesNo	)	
In order to administer medications required medication form which inc available in the health office of each	ludes	parent signature and	practitioner's order (for presc		
Parent/Guardian Signature:				Date	2:
• Please note that the school of A health plan may be developed to e			contact you to discuss any of d.	the infor	mation as listed above



## SCHOOL DISTRICT OF RIVER FALLS

### Acceptable Use Policies-Addendum A

Policy: Information and Technology

Scope: Students

Effective Date: 08/27/03 – Adopted by Board

Approval: Administration

#### **Policy Statement**

The School District of River Falls encourages use and application of technology to enhance students' education by providing the ability to conduct research and to efficiently communicate with faculty and other members of the School District and the community. The technology tools include, but are not limited to: computers, on-line Library databases, email, and intranet/internet.

Access to various technology tools available at the School District is a privilege extended to current students and requires that individual users act responsibly. Users must respect the rights of others, respect the integrity of systems and related physical resources, and observe all relevant laws, regulations and School District policies.

The School District reserves the right to access all information in its technology tools for business purposes. Business purposes may include the day-to-day management of the systems of this or other School District policies, such as sexual harassment, the unauthorized disclosure of confidential information, misuse of School District resources or property, or a violation of law. There is no privacy nor expectation of privacy associated with a user's School District account. The School District reserves the right to extend, limit, restrict, or deny privileges or access to its technology tools. The School District is not responsible for any materials.

#### Security

Users are expected to keep passwords confidential and user passwords may be overridden by the School District as necessary for business or administrative reasons. The student to whom the account is assigned is the only person authorized to use the account. Please report any unauthorized use of your account to the Supervisor or Technology Services.

#### Usage

Accounts will be terminated at the end of the last semester in which the student was enrolled or upon withdrawal from the District.

User access may be suspended or terminated by the School District at any time with or without notice.

#### Acceptable Uses/Limitations

Examples include but are not limited to:

- The School District's technology tools are to be used primarily for School District business purposes. Use of any School District system for the benefit of any student or third party is expressly prohibited. Students are permitted to use technology tools in a prudent manner for personal use as long as it does not interfere with the use of technology by other members of the School District community.
- · Users do not own accounts on School District computers, but are granted the privilege of use. The School District may revoke this privilege if School District policies are not followed. Users may not share their accounts with others and must keep account passwords confidential.
- The School District cannot guarantee that messages or files created, stored, received or sent through School District technology systems (including computers, hard drives, disks, etc.) are private or secure. The School District may monitor and record usage to enforce its policies and may use information gained in this way in disciplinary actions against the user.
- · Users must adhere strictly to software licensing agreements and copyright laws. · Only software that has been authorized by

the School District may be loaded or used on any School District computer. The Technology Services Department is responsible for loading or removing any software.

#### **Prohibited Conduct**

Examples include but are not limited to:

- · Sending, storing, or accessing harassing, pornographic, obscene, offensive or otherwise inappropriate information or material.
- · Deliberate attempts to access files or information that the user is not authorized to access.
- · Downloading music or videos due to the impact on system performance. · Unauthorized attempts to view and/or use another person's accounts, computer files, programs, or data.
- · Use of School District resources for any commercial activity or for-profit services.
- · Any attempts to disable or compromise the security of information contacted on School District's computers.
- · Copying software protected by copyright.
- · Initiating or propagating electronic chain letters.
- · Inappropriate mass mailings to newsgroups, mailing lists or individuals. · Unauthorized "broadcasting" of unsolicited mail or information.
- · Failure to limit personal use as appropriate.
- · Attempts to disrupt, subvert, or circumvent the School District's access to any data, communications, systems, files or passwords.
- · Posting a message on an internet bulletin board, World Wide Web document, or any publicly available internet side which in any manner refers to the School District and its programs and services, or which might be interpreted as stating a School District position or policy, without express advance approval of the Building Administrator, unless the message clearly indicates that it reflects only the views of the author and not the School District.

#### **Violations**

Any suspected violation of this policy should be directed to the Building Administrator. Violations may result in disciplinary action.

#### Questions

Users of the School District's technology tools are encouraged to ask questions and understand the topics covered in this policy. Questions should be directed to the Building Administrator.

#### Consequences for Inappropriate Use

- · Notification of proper authorities, which may include law enforcement or other appropriate agencies.
- · Revocation of Privileges
- · Suspension
- · Dismissal/Expulsion
- · Restitution for property damage

### **Policy Cross References**

Non-Discrimination Policy

Sexual Harassment Policy



# SCHOOL DISTRICT OF RIVER FALLS

#### Records Request Form-Addendum B

	Records Request Form-Addendum D
Student Name:	Date of Birth:
Current Grade:	Anticipated Start Date:
Name of School Last Attended:	
Address of Last School Attended:	
Contact Information of School Last Att	tended:
Phone:	Fax:
Signature of Parent/Guardian:	
Forward Records to the Ap	propriate Location Marked Below:
River Falls 4 Children 4K	421 W Maple Street, River Falls, WI 54022 Phone: (715) 425-7645 Contact: Becky McAlavey ( <u>Becky.McAleavey@rfsd.k12.wi.us</u> )
Greenwood Elementary Grades K-5	982 E Division Street, River Falls, WI 54022 Phone: (715) 425-1810 Fax: (715) 425-0783 Contact: Tera Wachtler (Tera.Wachtler@rfsd.k12.wi.us)
River Falls eSchool Grades K-5	982 E Division Street, River Falls, WI 54022 Phone: (715) 425-1810 x3506 Fax: (715) 425-0783 Contact: Lesley Schradle ( <u>Lesley.Schradle@rfsd.k12.wi.us</u> )
RF Public Montessori Grades K-6	421 W Maple Street, River Falls, WI 54022 Phone: (715) 425-7645 Contact: Sara Flatten (Sara.Flatten@rfsd.k12.wi.us)
Rocky Branch Elementary Grades K-5	1415 Bartosh Lane, River Falls, WI 54022 Phone: (715) 425-1819 Fax: (715) 425-0599 Contact: Natalie Benusa ( <u>Natalie.Benusa@rfsd.k12.wi.us</u> )
Westside Elementary Grades K-5	1007 W Pine Street, River Falls, WI 54022 Phone: (715) 425-1815 Fax: (715) 425-1805 Contact: Sarah Jarocki ( <u>Sarah.Jarocki@rfsd.k12.wi.us</u> )
Meyer Middle School Grades 6-8	230 N 9th Street, River Falls, WI 54022 Phone: (715) 425-1820 Fax: (715) 200-5950 Contact: Twyla Hedeen ( <u>Twyla.Hedeen@rfsd.k12.wi.us</u> )
River Falls High School Grades 9-12	818 Cemetery Road, River Falls, WI 54022 Phone: (715) 425-1830 Fax: (715) 200-5972 PLEASE EMAIL TRANSCRIPTS ASAP Contact: Amy O'Neal ( <a href="mailto:Amy.ONeal@rfsd.k12.wi.us">Amy.ONeal@rfsd.k12.wi.us</a> )
Renaissance Charter Academy Grades 9-12	852 E Division St. River Falls, WI 54022 Phone: (715) 425-7687 PLEASE EMAIL TRANSCRIPTS ASAP Contact: Jill Dexheimer (Jill.Dexheimer@rfsd.k12.wi.us)
Special Education	852 E Division Street, River Falls, WI 54022 Phone: (715) 425-1800 Fax: (715) 425-1804

Please Include: Official transcripts/Report Card, any current evaluations (Psych or Special education Teacher), IEP/504 plans, Immunization records/Physical cards, All Behavioral Records including any Indication of Suspensions/Expulsions-including extra curricular events.

Contact: Cassie Hames (<u>Cassie.Hames@rfsd.k12.wi.us</u>) for Elementary Or Tricia McGrath (<u>Tricia.McGrath@rfsd.k12.wi.us</u>) for Middle/High School