

UNITY SCHOOL DISTRICT NEW STUDENT REGISTRATION

REGISTRATION DATE: _____ ENTRY DATE: _____ GRADE: _____

LEGAL NAME: _____ GENDER: M; F
Last First Middle
MAILING ADDRESS: _____
PHYSICAL ADDRESS: _____
 TOWNSHIP VILLAGE: _____ BUS NO. _____ WI ID# _____
HOME PHONE : _____ CELL PHONE: _____

Birth Cert Birth Date: _____ Birth City: _____ State: _____ SSN _____

Verified by: (name/date) _____

ETHNICITY: Hispanic/Latino; Am Ind/AK Native; Asian; Blk/African-Am; Nat Hawaiian/ Pacific Islander; White

STUDENT LIVES WITH: RESPONSIBLE FOR STUDENT YES NO
NAME: _____ RELATIONSHIP: _____
CELL PHONE _____ EMAIL _____
OCCUPATION: _____ EMPLOYER: _____
EMPLOYER ADDRESS _____ PHONE: _____
RESPONSIBLE FOR STUDENT YES NO
NAME: _____ RELATIONSHIP: _____
CELL PHONE _____ EMAIL _____
OCCUPATION: _____ EMPLOYER: _____
EMPLOYER ADDRESS _____ PHONE: _____

2ND MAILING (i.e. joint custody, non-custodial parent) RESPONSIBLE FOR STUDENT YES NO
NAME: _____ RELATIONSHIP: _____
PHONE NUMBER _____ CELL PHONE _____
MAILING ADDRESS: _____
OCCUPATION: _____ EMPLOYER: _____
EMPLOYER ADDRESS _____ PHONE: _____

LIST OTHER CHILDREN IN THE FAMILY (PRESCHOOL AND SCHOOL AGE):

Table with 3 columns: NAME, DATE OF BIRTH, GRADE. Includes three empty rows for data entry.

DOES THIS STUDENT HAVE AN INDIVIDUAL EDUCATION PLAN (IEP)? YES NO

DESIGNATION? (i.e. Learning Disability, Emotional/Behavioral) _____

PREVIOUS SCHOOL(S) ATTENDED

Name: _____
Address: _____
Phone/Fax: _____

RECORDS REQUESTED ON:

Is this student expelled or being considered for expulsion from previous school?
 Yes No

Please check this box if you wish to grant permission for your child to use the internet at Unity. You are agreeing to terms listed in the Unity Internet/computer usage agreement.

ENROLLMENT IS CONDITIONAL PENDING RECEIPT OF ALL SCHOOL RECORDS

IN CASE OF EMERGENCY CALL (other than who student lives with):

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

DOCTOR: _____ HOSPITAL: _____

DENTIST: _____ DENTAL CLINIC: _____

In case of serious accident or illness at school, your child will be sent to an emergency medical facility. The parent(s) / guardian(s) is/are responsible for expenses.

VISION PROBLEMS:		Allergies:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Wears glasses/contacts:	YES <input type="checkbox"/> NO <input type="checkbox"/>	To what? _____	
Other: _____		Asthma:	YES <input type="checkbox"/> NO <input type="checkbox"/>
EAR/HEARING PROBLEMS:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Inhaler sent to school:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Right ear <input type="checkbox"/>		Bladder/Bowel Problems:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Left ear <input type="checkbox"/>		Diabetes:	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Frequent ear infections		Has own monitor at school:	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Hearing loss		Heart Problems:	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Ear tubes/date inserted _____		Seizures:	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Wears hearing aid			

Other: (disability/restrictions) _____

CONSENT FOR MEDICAL CARE

To the extent health care services are provided to my minor child consistent with this consent, I agree to waive, indemnify and hold the facility(ies) named above, its employees, agents, and representatives, harmless from any claims of failure to first obtain my permission to examine or treat my minor child.

I hereby consent to allow _____ (clinic) and/or _____ (hospital) its staff, physicians, and surgeons to provide health care services to my minor child whose name is:

Medical Insurance _____ Group # _____

This consent is: (check all that apply)

Limited to emergency services. Only, under circumstances where the medical facility has been unable, in the exercise of due diligence or because of the nature of the emergency, to contact me or to contact me quickly enough to otherwise obtain my consent.

A general consent is intended to allow the medical facility to examine or treat my minor child without first obtaining any additional consent.

MEDICATIONS: List medications the student takes at home either daily or occasionally (Must have written permission and in pharmacy/original container to be given at school). Prescription medication must have physician written order to be given at school.

MEDICATION NAME	PURPOSE	DOSAGE
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A student's health record is of vital importance. The health information you provide enables the district staff and any health care facility to provide safe optimal learning and health care services. Failure to provide health information may adversely affect the learning process, health care services or your child's safety. For these reasons we encourage you to keep the school nurse informed of you child's health status.

Parent Guardian Signature _____ **Date** _____

I have read the above statements. I agree to supply the data on this card with full knowledge of the information in that statement.

Unity School District does not discriminate on the basis of age, sex, race, color, national origin, religion, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability or handicap.

UNITY

SCHOOL DISTRICT

1908 150th Street/Hwy 46 North, P. O. Box 307, Balsam Lake, WI 54810-0307
Phone: (715) 825-3515 www.unity.k12.wi.us Fax: (715) 825-3517

REQUEST FOR STUDENT RECORDS

Date: _____

SCHOOL FORMERLY ATTENDED:

The following student(s) has/have enrolled in the Unity School District:

Last/First/Middle Name	DOB	Grade

Pursuant to WI Stat 118.125(4) and Federal Regulations, Section 99.31/34, you are authorized to forward the above student(s) records (progress and behavioral) by this official notification of student enrollment.

118.125(4)

(4) Transfer of records. Within 5 working days, a school district shall transfer to another school or school district **all pupil records** relating to a specific pupil if the transferring school district has received written notice from the pupil if he or she is an adult, or his or her parent or guardian if the pupil is a minor that the pupil intends to enroll in the other school or school district, or written notice from the other school or school district that the pupil has enrolled ...

Federal Regulation, Section 99.31 Prior consent for disclosure not required.

Current Regulations: Under § 99.31(a)(2), an educational agency or institution may disclose education records, without prior written consent, to officials of another school, school system, or postsecondary institution where the student seeks or intends to enroll, provided that the agency or institution complies with the requirements in § 99.34(a) regarding notification to the parent or eligible student of the disclosure and, upon request, provide a copy of the records and an opportunity for a hearing under subpart C of the regulations.

Please forward all education records including health, disciplinary, psychological and special education records to the address above, **Attention: Student Records.**

Name/Title
Unity School District