

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

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

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

**UNITY SCHOOL DISTRICT
PARENT/GUARDIAN LANGUAGE SURVEY**

Student's Name: _____ **Grade** _____

Relationship of person completing this survey:

____ Mother ____ Father ____ Guardian Other/Specify _____

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate.

- | | English | Other
Language |
|--|---------|-------------------|
| 1. What language did the child learn when she/he first began to talk? | _____ | _____ |
| 2. What language does the family speak at home? | _____ | _____ |
| 3. What language does the child speak to their parents most of the time? | _____ | _____ |
| 4. What language does the parent(s) speak to the child most of the time? | _____ | _____ |
| 5. What language does the child hear and understand in the home? | _____ | _____ |
| 6. What language does the child speak to her/his brothers/sisters? | _____ | _____ |
| 7. What language does the child speak to her/his friends most of the time? | _____ | _____ |
| | Yes | No |
| 8. Can an adult family member or extended family member speak English? | _____ | _____ |
| 9. Can they read English? | _____ | _____ |
| 10. Do the parents/guardians request oral and/or written communication from the school to be in English? If no, in what languages? | _____ | _____ |

Signature of person completing survey _____ **Date** _____

HEARING QUESTIONNAIRE

The use of the following questionnaire is recommended preceding the hearing screening of pre-kindergarten children.

CHILD'S NAME: _____ GRADE _____

BIRTHDATE: _____ PHONE # _____

PARENT NAME: _____

1. Do you think your child hears well? YES NO
If no, Why?
2. Are you concerned about your child's speech? YES NO
If yes, Why?
3. Does your child have any ear problems?
(Infections, ear aches, etc.) YES NO
4. Is there a history of hearing problems in your family? YES NO
5. Has your child had any hearing screenings in the past?
If yes, when and where? YES NO
6. Has your child had any ear surgeries (tubes, etc.)? YES NO