

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 150<sup>th</sup> Street/Hwy 46 North, P. O. Box 307, Balsam Lake, WI 54810-0307  
Phone: (715) 825-3515      [www.unity.k12.wi.us](http://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<br>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? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, when and where?
6. Has your child had any ear surgeries (tubes, etc.)? \_\_\_\_\_ YES \_\_\_\_\_ NO

U.S. DEPARTMENT OF EDUCATION  
OFFICE OF INDIAN EDUCATION  
WASHINGTON, DC 20202  
**TITLE VII STUDENT ELIGIBILITY CERTIFICATION**  
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

**Parents: Please return this completed form to your child's school.** In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

*Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.*

NAME OF CHILD \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(As shown on school enrollment records)

School Name \_\_\_\_\_ Grade \_\_\_\_\_

NAME OF TRIBE, BAND OR GROUP \_\_\_\_\_

Tribe, Band or Group is: (check one)

\_\_\_\_\_ Federally Recognized, State Organized Indian Group  
\_\_\_\_\_ Including Alaska Native \_\_\_\_\_ Recognized \_\_\_\_\_ Terminated \_\_\_\_\_ Meeting #5 of the  
\_\_\_\_\_ Definition Above

Name of individual with tribal membership: \_\_\_\_\_

Individual named is (check one): \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's  
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

Other (explain) \_\_\_\_\_

Name and address of organization maintaining membership data for the tribe, band or group:

\_\_\_\_\_

I verify that the information provided above is accurate:

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Notice: Public Reporting Burden Notice on Reverse Side

## PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.