

Today's Date: \_\_\_\_\_ **Raymond School District #14 - Enrollment Form**

\_\_\_\_\_ **Female** **Male**  
 Student Name Student Birthdate Grade Entering

\_\_\_\_\_ **Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone**

\_\_\_\_\_ **Parent/Guardian Names**

\_\_\_\_\_ **Primary Email Address** \_\_\_\_\_ **Secondary Email Address**

Is student living with both parents? Yes No Do both parents have legal custody? Yes No  
 Is this student a foster child? Yes No  
 If yes, caseworker's name and phone number: \_\_\_\_\_

\_\_\_\_\_ **Rank in Family (circle one)** 1 2 3 4 5 6 7 8  
 # of brothers # of sisters

**Transportation Information** - Estimated number of miles from student's home:  
 Check one:  0-2 miles  2-5 miles  5-8 miles  8-12 miles  12 or more miles

**Ethnic Background** - Check all that apply:  
 American Indian/Alaskan Native  Asian  African American  Hispanic  White  
 Native American/Pacific Islander  Other (Please specify: \_\_\_\_\_)

----- **For Office Use**

	Initials	Date
Administrator/Principal		
Teachers:		
Reading Specialist		
School Counselor/Psychologist		

# Proof of Residency Form

**Must be completed for students that reside in-district**

Raymond School District #14  
2659 S. 76<sup>th</sup> St. Franksville, WI 53126  
(262)835-2929 raymond.k12.wi.us

\_\_\_\_\_  Male  Female

Child's Name                      Date of Birth                      Grade

\_\_\_\_\_

Parent/Guardian Name                      Address                      Phone

Please list Names/Birthdates of all children in family:

Name	Date of Birth

The children reside at this address with:  Parents  Other – please specify: \_\_\_\_\_

Is he/she a foster child?  Yes  No (if yes, caseworker's name/phone: \_\_\_\_\_ )

**Please check the Proof of Residency that you are attaching to this form:**

- Property Tax Bill (if you are a home owner)
- Utility Bill or Lease Agreement (if you are renting)
- Proof of lot/land purchased in Raymond School District #14 and a signed schedule from the builder.  
Please indicate projected date of occupancy: \_\_\_\_\_

I hereby attest that all of the above is true.

\_\_\_\_\_                      \_\_\_\_\_

Signature                      Date



**Raymond School District #14**  
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 Franksville, WI 53126  
 (262)835-2929 Fax: (262)835-2087  
 raymond.k12.wi.us

**Office Use:**  
 Entry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Birth Certificate  
 Proof of Residency

**PLEASE LIST ALL CHILDREN LIVING IN THE SAME HOUSEHOLD**

**1<sup>st</sup> Child LEGAL Name** (Include Complete Middle Name)

\_\_\_\_\_ Last Name First Name Complete Middle Name  
 \_\_\_\_\_  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_    \_\_\_\_     Male  Female    \_\_\_\_\_  
 Date of Birth    Grade    Age    Birth County    City    State

**Ethnicity:**     White     Hispanic     African American     Native American     Asian  
 Native Hawaiian/Pacific Islander     Other (Please Specify \_\_\_\_\_ )

**2<sup>nd</sup> Child LEGAL Name** (Include Complete Middle Name)

\_\_\_\_\_ Last Name First Name Complete Middle Name  
 \_\_\_\_\_  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_    \_\_\_\_     Male  Female    \_\_\_\_\_  
 Date of Birth    Grade    Age    Birth County    City    State

**Ethnicity:**     White     Hispanic     African American     Native American     Asian  
 Native Hawaiian/Pacific Islander     Other (Please Specify \_\_\_\_\_ )

**3<sup>rd</sup> Child LEGAL Name** (Include Complete Middle Name)

\_\_\_\_\_ Last Name First Name Complete Middle Name  
 \_\_\_\_\_  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_    \_\_\_\_     Male  Female    \_\_\_\_\_  
 Date of Birth    Grade    Age    Birth County    City    State

**Ethnicity:**     White     Hispanic     African American     Native American     Asian  
 Native Hawaiian/Pacific Islander     Other (Please Specify \_\_\_\_\_ )

*\* Please use another sheet if you have additional children to register.*

**Census and Projected Enrollment** *(Please provide sibling information to help us plan for future enrollment.)*

_____ Sibling	_____ Birthdate	_____ Sibling	_____ Birthdate
_____ Sibling	_____ Birthdate	_____ Sibling	_____ Birthdate

Custody Information:  Joint     Mother     Father     Guardian     Other \_\_\_\_\_

Court Ordered Custody:  Yes     No    *(If yes, court order must be on file in the school office to be implemented.)*

**PRIMARY HOUSEHOLD** – (Address where child(ren) reside 50% or more of the time.)

*Primary language spoken in primary household is English.*

**1<sup>st</sup> Adult – Primary Contact** -  Mother  Father  Step-Parent  Foster-Parent  Aunt/Uncle  Grandparent  Other

_____		_____	
Last Name		First Name	
_____			_____
Street Address			City
_____			Zip
Phone: (____) _____ (____) _____ (____) _____			
Home		Cell	Work
_____		_____	_____
Primary Email		Work Email	Employer

**2<sup>nd</sup> Adult – with same address as Primary Contact**

Mother  Father  Step-Parent  Foster-Parent  Aunt/Uncle  Grandparent  Other \_\_\_\_\_

_____		_____	
Last Name		First Name	
_____			_____
Phone: (____) _____ (____) _____ (____) _____			
Home		Cell	Work
_____		_____	_____
Primary Email		Work Email	Employer

**SECONDARY HOUSHOLD** – (Not child's primary residence.)  *Primary language spoken is English.*

**1<sup>st</sup> Adult** -  Mother  Father  Step-Parent  Foster-Parent  Aunt/Uncle  Grandparent  Other \_\_\_\_\_

_____		_____	
Last Name		First Name	
_____			_____
Street Address			City
_____			Zip
Phone: (____) _____ (____) _____ (____) _____			
Home		Cell	Work
_____		_____	_____
Primary Email		Work Email	Employer

**2<sup>nd</sup> Adult** -  Mother  Father  Step-Parent  Foster-Parent  Aunt/Uncle  Grandparent  Other \_\_\_\_\_

_____		_____	
Last Name		First Name	
_____			_____
Phone: (____) _____ (____) _____ (____) _____			
Home		Cell	Work
_____		_____	_____
Primary Email		Work Email	Employer

**Emergency Contacts** – *If primary contacts cannot be reached in an emergency or when a child is ill, please notify; this also serves as permission for emergency contacts to pick up your child from school, if necessary.*

**1<sup>st</sup> Contact**

Relation to Student:  Grandparent  Aunt/Uncle  Child Care Provider  Neighbor  Sibling  Other \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Last Name First Name Home Phone Cell Phone

**2<sup>nd</sup> Contact**

Relation to Student:  Grandparent  Aunt/Uncle  Child Care Provider  Neighbor  Sibling  Other \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Last Name First Name Home Phone Cell Phone

Physician: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_  
Name Phone Address

**Directory Data Authorization**

*The Raymond School Board of Education recognizes personally identifiable information contained in students' records as directory information. Directory information may be released for any purpose at the discretion of Raymond School Board per Wisconsin Statute 118.125 (1)(b) and (2)2(j). Under the provisions of the Family Education Rights and Privacy Act (FERPA) of 1974, as amended, you have the right to withhold the release of any or all information. Failure to complete and return this form will result in the district NOT WITHHOLDING directory data regarding your child(ren).*

- YES, I approve my child's information (name/image) to be released.
- NO, I do not approve my child's information (name/image) to be released.

**Additional Authorizations** (checking the box indicates approval)

- Authorize disclosure of student's medical condition(s) to appropriate personnel (principal, teachers, office staff, school nurse).
- Authorize school personnel to call emergency contacts and/or physician named, in event that I cannot be reached in an emergency.
- Authorize emergency first aid treatment.

\_\_\_\_\_  
Parent Signature\*

\_\_\_\_\_  
Date

\*Signature indicates parent/guardian authorization indicated above.

# Student Health Information/Raymond Elementary School

Student Name		Grade	DOB
Parent(s) Name		Phone number(s)	
Is your child taking any medications on a regular or as needed basis?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list:  ANY MEDICATION NEEDED AT SCHOOL REQUIRES APPROPRIATE AUTHORIZATION & MEDICATION PROVIDED IN APPROPRIATELY LABELED CONTAINER. SEE SCHOOL POLICY FOR FURTHER DETAILS			
Has your child had any illnesses, injuries and/or surgeries since last school year?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list:			
Does your child have ALLERGIES to <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Food <input type="checkbox"/> Other Specify:			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, does your child require MEDICATION at school for their allergies?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Provide name of any medication required at school: _____ Check the type of allergic reaction that occurs: <input type="checkbox"/> Hives <input type="checkbox"/> Swelling <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Other: _____			
Does your child have DIABETES?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, does your child take insulin: Uses: <input type="checkbox"/> Insulin Pen <input type="checkbox"/> Pump, brand _____ <input type="checkbox"/> CGM			<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child have ASTHMA?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, does your child require medication at school?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child have SEIZURES?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, last known seizure: _____ Type: _____ Are medications required at school?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child have a HEART CONDITION?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please describe:			
OTHER HEALTH ISSUES (List):			
Physician:		Phone Number:	
HEARING Problems: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Left ear <input type="checkbox"/> Right ear	Hearing Aids: <input type="checkbox"/> YES <input type="checkbox"/> NO	
VISION Problems: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts	Other:	

I certify that the information on this form is accurate and it is my responsibility to keep the school updated to any changes that occur throughout the school year. I consent to the release of this medical information to any appropriate staff that has contact with my child for any school event including any contracted student service providers (such as bus drivers and cafeteria employees).

Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date \_\_\_\_\_

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### PARENT/STUDENT AGREEMENT – Concussion Law 2011 – Wisconsin Act 172

**2019-20**

As a parent and as a student, it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. This form must be completed for every school year in which your child will participate in any physical activity at school. This activity includes, but is not limited to: recess, physical education class, extracurricular sports, etc.

Parent Agreement:

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play/class if a concussion is reported to me. I understand that my child cannot return to practice/play/class until providing written clearance from an appropriate health care provider to his/her teacher or coach. I understand the possible consequences of my child returning to practice/play/class too soon.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

More detailed information regarding concussions can be found at:

<http://dpi.wi.gov/sped/tbi-conc-guidelines.html>

<http://dpi.wi.gov/sped/tbi-conc-resources.html>



2019-20

*Dousman Transport Co., Inc.*  
WE TRANSPORT THE WORLD'S MOST PRECIOUS CARGO

**For any busing needs or changes, please fill out this form and either email as a PDF or fax back to the Union Grove terminal (262) 878-0730. Any and all information submitted on this form is considered confidential.**

Today's date \_\_\_\_\_ School \_\_\_\_\_

Student's first name \_\_\_\_\_ Student's last name \_\_\_\_\_ M.I. \_\_\_\_\_

**Student's Information**

Street address \_\_\_\_\_ Grade \_\_\_\_\_ Student I.D. \_\_\_\_\_

Street address line 2 \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ 4K Scheduled days \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Reason for removing from route \_\_\_\_\_

In-active? Check here if the student will not be using bus transportation for an extended period of time.

***(Please give a 24 hour notice prior to needing transportation.)***

***If student is Open Enrollment, an Open Enrollment Contract / Waiver must accompany this form.***

Open Enrollment?

**Primary Parent/Guardian Information**

Name (First, Last) \_\_\_\_\_ Primary Phone number \_\_\_\_\_

Primary Emergency Phone number \_\_\_\_\_ Alternate phone number \_\_\_\_\_

**Secondary Parent/Guardian Information**

Name (First, Last) \_\_\_\_\_ Primary Phone number \_\_\_\_\_

Primary Emergency number \_\_\_\_\_ Alternate phone number \_\_\_\_\_

Street address (if different from above) \_\_\_\_\_ Will busing be provided for this address? \_\_\_\_\_

Street address line 2 \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_



### Medical / Other Important Information

Please list any of the following: current medical conditions, any allergies, health concerns, or any other pertinent information.

### Childcare Information

(To be completed if using a daycare or babysitter)

Childcare provider \_\_\_\_\_

Primary Phone number \_\_\_\_\_

Street address \_\_\_\_\_

Alternate phone number \_\_\_\_\_

City \_\_\_\_\_

Zip code \_\_\_\_\_

Will this be the regular pick up & drop off?

Yes - both AM & PM

Only AM

Where will they be in the PM? \_\_\_\_\_

Only PM

Where will they be in the AM? \_\_\_\_\_

Other \_\_\_\_\_

**Please be aware that all school and bus rules apply while student is on board. Failure to follow rules may result in suspension from the bus. In-district students have first right to transportation. If the bus beomes over capacity, open enrollment students will be removed from the route to make room.**

### Route Information

(To be completed by bus company)

AM Route \_\_\_\_\_

P.U. Time \_\_\_\_\_

Pick up address \_\_\_\_\_

PM Route \_\_\_\_\_

D.O. Time \_\_\_\_\_

Drop off address \_\_\_\_\_

### Special Instructions for Pickup/Drop Off

**2019-20**

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_