

## K4 New Student Information Sheet

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
First / Middle / Last

Does your child have a nickname? If yes, please list: \_\_\_\_\_ Male / Female

Name(s) and Age(s) of other children in the household (if applicable):

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Please circle if you have a preference for your child to be in the morning or the afternoon session:

**AM** (7:25am - 10:30am)

**PM** (11:30am - 2:30pm)

*Note that although we try to accommodate preferences we cannot guarantee that you will get the session you request in an effort to keep class sizes and class dynamics optimal for students.*

Please list your intended way of transportation for your child's commute to and from school:

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### **Developmental / Social Information:**

Age your child learned to speak: Words \_\_\_\_\_ Sentences \_\_\_\_\_

Age your child learned to: Crawl \_\_\_\_\_ Walk \_\_\_\_\_

### **Behavioral Information:**

Does your child play well with other children: **Y / N** Does your child play well alone? **Y / N**

**Please circle any of the following areas your child has evidence tendency in:**

Excessive Crying    Frequent Nightmares    Biting Nails    Temper Tantrums

Sucking Thumb    Bedwetting    Sleeping Problems    Unusual or Excessive Fears

**Please describe any other behaviors or conditions that you feel we should be aware of:**

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**Speech and Language Information:**

How much of your child's speech can you understand? All Most Some None

How much can other adults understand? All Most Some None

Has your child ever had testing for speech or hearing? Yes No

If Yes, where? \_\_\_\_\_

Has your child had therapy for speech, hearing, or language? Yes No

Would you like to confer with a speech pathologist? Yes No

Are there any other children in the family with speech concerns? Yes No

If Yes, please list: \_\_\_\_\_

Does your child speak English? Yes No

Is any language other than English spoken in the home? Yes No

If Yes, what language? \_\_\_\_\_ Which is the primary language? \_\_\_\_\_

**Miscellaneous Information About Your Child:**

What are your child's interests?

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What are some of your child's greatest strengths?

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What do you hope for your child as he/she grows this year in K4?

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Is there any additional information about your child that would be helpful for us to know?

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

<b>Student Name</b>	<b>Student Birthdate</b>	<b>Grade Entering</b>	<b>Female</b>	<b>Male</b>
<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone</b>	
<b>Parent/Guardian Names</b>				
<b>Primary Email Address</b>			<b>Secondary Email Address</b>	

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: \_\_\_\_\_)

<b>For Office Use</b>		
	<b>Initials</b>	<b>Date</b>
<b>Administrator/Principal</b>		
<b>Teachers:</b>		
<b>Reading Specialist</b>		
<b>School Counselor/Psychologist</b>		

# 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



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 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	
Street Address		City	Zip
Phone: ( )	Home	( )	Cell
( )		( )	Work
Primary Email		Work Email	Employer

**SECONDARY HOUSEHOLD** -- (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	
Street Address		City	Zip
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

Physicians: \_\_\_\_\_ ( ) \_\_\_\_\_  
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:  <small>ANY MEDICATION NEEDED AT SCHOOL REQUIRES APPROPRIATE AUTHORIZATION &amp; MEDICATION PROVIDED IN APPROPRIATELY LABELED CONTAINER. SEE SCHOOL POLICY FOR FURTHER DETAILS</small>			
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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Phone (262)835-2929 Fax (262)835-2087  
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**PARENT/STUDENT AGREEMENT – Concussion Law 2011 – Wisconsin Act 172**

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>



**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.)

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

**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

Only PM

Other \_\_\_\_\_

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

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

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 becomes 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

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

**Raymond School District #14**  
2659 76<sup>th</sup> St. Franksville, WI 53126  
Phone: (262) 835-2929  
Fax: (262) 835-2087  
raymond.k12.wi.us

### Authorization for Release of Records

The following student(s), formerly registered at your school, are now enrolled at Raymond School. Please forward all of their records, including progress and behavior reports, health records, achievement tests, activity records, and any other information that will be helpful to our staff.

NAME	GRADE

\_\_\_\_\_  
Parent/Guardian Authorizing Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

# Skyward

## **Raymond School's Student Management Information System**

In our role as parents and guardians, easy access to up-to-date information about our children is important. Family Access allows parents the ability and the tools necessary to share and assist in their child's school experience. From the convenience of home or work, parents with Internet will have access to:

- A detailed calendar providing options to view any excused or unexcused absence in detail.
- Class lists and grades—right down to current individual assignments through the teacher's electronic grade book.
- Teacher email links to allow for easier communications between parents and teachers.
- View all student contact and emergency information, allowing for more accurate student data.
  - View health records.

Each parent is issued their own username and password, ensuring and allowing parents to view only their student's information.

To access your child's information, go to the link below:

<https://skyward.iscorp.com/scripts/wsisa.dll/WService=wseduraymondwi/fwemnu01.w>

Your username is: the FIRST FOUR LETTERS OF YOUR LAST NAME and the FIRST THREE LETTERS OF YOUR FIRST NAME and your initial generic password is: panther1

After you have done that it will prompt you to create your own new password.

Please call the school office at (262)835-2929 with any questions.