

Office Use:

Entry Date: _____

Birth Certificate _____

Proof of Residency _____

RAYMOND SCHOOL DISTRICT #14 - NEW STUDENT REGISTRATION

Student's LEGAL Full Name Student's Birthdate Grade ___ FEMALE ___ MALE

Student's **Primary** Address City Zip Code

Ethnicity (*please circle all that apply*): White - Hispanic - African American - Native American
Asian - Native Hawaiian/Pacific Islander - Other (please specify: _____)

If your child currently receiving any special education services, please specify:

PRIMARY HOUSEHOLD INFORMATION

Guardian #1 Name Relationship to Student Cell Number

Secondary Phone Number Email Address Employer

Guardian #2 Name Relationship to Student Cell Number

Secondary Phone Number Email Address Employer

If the primary language spoken in this household is any language *other than English*, please indicate here: _____

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(1). 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 of my child's information (name/image) being released.

NO, I do not approve of my child's information (name/image) being released.

Additional Authorizations (checking the box indicated approved)

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, in the event that I cannot be reached in an emergency.

Authorize emergency first aid treatment.

Parent/Guardian Signature

Date

*Signature indicates parent/guardian authorization indicated above.

Raymond School District #14
2659 76th St. Franksville, WI 53126
Phone: (262) 835-2929
Fax: (262) 835-20873
Email: information@raymond.k12.wi.us

Authorization for Release of Records

The following student(s), formerly registered at your school, are now enrolled at Raymond School District #14. 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.

_____	_____
Student Name	Grade
_____	_____
Student Name	Grade
_____	_____
Student Name	Grade
_____	_____
Student Name	Grade

Parent/Guardian Signature Date

School Requesting Records From Address

Phone Number Fax

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Proof of Residency Form

This form is required for students that reside in Raymond School District - if you are attending Raymond through open enrollment you do not need to complete this form.

Student's Full Name Date of Birth Grade

Parent/Guardian Name Address

Parent/Guardian Email Address Phone Number

Please list Names and Birthdates of all children in family:

Name DOB Name DOB

Name DOB Name DOB

Name DOB Name DOB

The children reside at this address with: ___Parents ___Other - please specify: _____

Please check the Proof of Residency that you are providing with this form:

___Property Tax Bill ___Utility Bill/Lease Agreement

___Proof of lot/land purchased in Raymond School District #14 - signed from builder
*indicate projected date of occupancy: _____

I hereby attest that all of the above is true.

Signature Date

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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 concussion. 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 until providing written clearance from an appropriate health care provider. I understand the possible consequences of my child returning too soon.

Parent/Guardian Signature: _____ Date: _____

More detailed information regarding concussions can be found at:

<https://dpi.wi.gov/sped/program/tbi/concussion>