

Office Use:

Entry Date: _____

Birth Certificate _____

Proof of Residency _____

RAYMOND SCHOOL DISTRICT #14 - NEW STUDENT REGISTRATION

Student Information

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

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

Is the primary address located in-district? YES or NO

If not, please list your child's in-district school: _____

Ethnicity (please circle all that apply): White - Hispanic - African American - Native American

Asian - Native Hawaiian/Pacific Islander - Other (please specify: _____)

Is your child currently receiving any special education services?

If yes, please specify: _____

Census and Projected Enrollment Information

(please provide sibling information to help us plane for future enrollment):

Sibling Name Birthdate Sibling Name Birthdate

Sibling Name Birthdate Sibling Name Birthdate

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: _____

SECONDARY HOUSEHOLD INFORMATION (if applicable)

Student's Secondary Address City Zip Code

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: _____

EMERGENCY CONTACT INFORMATION - if primary contacts cannot be reached, we will contact the emergency contacts. This also serves as permission for emergency contacts to pick up your child from school, if necessary.

Emergency #1 Name	Relationship to Student	Cell Number
-------------------	-------------------------	-------------

Emergency #2 Name	Relationship to Student	Cell Number
-------------------	-------------------------	-------------

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

Student Health Information

Student Name _____ Grade _____ DOB _____

Parent/Guardian Name _____ Primary Phone Number _____ Secondary Phone Number _____

Does your child currently take any medications on a regular and/or as needed basis? YES / NO

If yes, please list:

Physician's Name: _____ **Phone:** _____

**Note: any medications needed at school will require appropriate authorization - see the medical authorization form on our school's website: <https://raymond.k12.wi.us/medication-administration-form/> OR <https://raymond.k12.wi.us/wp-content/uploads/2016/11/Medication-Authorization-Prescription-Medication-Dr.-Signature-Required.pdf>*

Does your child have currently have, or have a history of any of the following:

Diabetes Asthma Seizures Heart Condition Hearing Impaired

Vision Impaired Allergies (seasonal) Allergies (other)

If yes to any, please list details:

I certify the information on this form is accurate and it is my responsibility to keep the school updated with 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, kitchen staff, etc).

Parent/Guardian Signature _____ Printed Name _____

Date

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

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

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

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>