

K4 Parent Information Sheet

Student's Name _____ DOB: _____ Male / Female

Does your child have a nickname? If yes, please list: _____

Primary Household Information:

Parent/Guardian Name(s) & Email: _____

Address: _____ City: _____ Zip Code: _____

Phone:

Home _____ Work _____ Cell _____

Name and ages of other children in the household:

Second Household Information: (if applicable)

Parent/Guardian Name(s) & Email: _____

Address: _____ City: _____ Zip Code: _____

Phone:

Home _____ Work _____ Cell _____

Name and ages of other children in the household: _____

Developmental / Social Information:

Age your child learned to speak: Words _____ Sentences _____

Age your child learned to: Crawl _____ Walk _____

Behavioral Information:

Does he/she play well with other children? Y / N Does he/she play well alone? Y / N

Please circle any of the following areas your child has evidenced 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:

Speech and Language Information:

How much of his/her speech can you understand? All Most Some None

How much can other adults understand? All Most Some None

Has he/she had speech therapy or their hearing tested? Yes No

If Yes, where? _____

Has he/she 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 other language other than English spoken in the home? Yes No

If yes, what language? _____ Which is child's primary language? _____

Miscellaneous Information About Your Child:

What interests does your child have?

What are some of your child's greatest strengths:

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

If there is additional information about your child that would be helpful for us to know:

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
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Emergency #2 Name	Relationship to Student	Cell Number
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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
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*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

_____ Date _____

Parent/Guardian Signature

_____ Address _____

School Requesting Records From

_____ Fax _____

Phone Number

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

SKYWARD INSTRUCTIONS

Raymond School's Student Management Information System

In your role as parents and guardians, easy access to the most up-to-date information about your child is important. Family Access in Skyward allows parent/guardian(s) the ability and the tools necessary to share and assist in their child's school experience.

Skyward will give you access to:

- A detailed list providing options to view any excused or unexcused absence.
- Class details and your child's grades - right down to current individual assignments through the teacher's electronic gradebook.
- 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/information.
- Each parent/guardian is issued their own individual username and password, ensuring and allowing parents to view their student's information.

The link below will allow you to access your child's information in Skyward:

<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**

(example: John Smith = smitjoh)

Your initial generic **password** is: **panther1**

After this is done you will be prompted to create your personalized new password.

Call the school office at (262)835-2929 (option #5) with any questions.

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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>