

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

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

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>

Handbook Receipt and Acknowledgement

You can find the Handbook online under the Parents section of our website (raymond.k12.wi.us) as well as a number of forms that can be accessed and signed electronically. A printed version of any forms will be provided for any students, parents/guardians who request one or for forms that cannot be completed electronically.

Your signature acknowledges that you have received and reviewed Raymond School's Student-Parent/Guardian Handbook.

Parent/Guardian Signature: _____ Date: _____