

School District of Whitnall ♦ Greenfield, Wisconsin

CERTIFICATE OF RESIDENCY

BY PARENT(S) LEGAL GUARDIAN(S) REGARDING RESIDENCY OF CHILD

1. <i>Legal Name of Child</i> _____	Grade Entering _____	Birthdate ____/____/____
2. <i>Name of School last attended</i> _____	City _____	State _____
<i>Legal Name of Child</i> _____	Grade Entering _____	Birthdate ____/____/____
<i>Name of School last attended</i> _____	City _____	State _____

3. Name(s) of Parent(s)/Legal Guardian(s) \_\_\_\_\_  
 Complete Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ On what date did the child establish residency? \_\_\_\_\_  
 If you are residing at the above address, and you are NOT the primary resident/taxpayer of this property, then an affidavit needs to be completed. Affidavit required \_\_\_\_ YES \_\_\_\_ NO

4. Name of person with whom child is living if not parent or legal guardian \_\_\_\_\_  
 Complete Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ On what date did the child establish residency? \_\_\_\_\_

5. Relationship of person with whom child is living \_\_\_\_\_  
 6. Is the person with whom the child is living, the child's legal guardian?  Yes |  No  
 7. Who is providing the financial support for the child? \_\_\_\_\_  
 8. How long will the child continue this living arrangement? \_\_\_\_\_  
 9. Is the child living in this arrangement solely for the purpose of attending the Whitnall Schools?  Yes |  No  
 10. Has this child ever been expelled from a school?  Yes |  No  
 If yes, please explain \_\_\_\_\_

11. A current transcript has been provided along with school records?  Yes |  No  
 If **no**, the student may not be admitted until such are provided. Please call your former school and have them **FAX** a copy of your current transcript to Whitnall High School at fax # (414) 525-8501 .

I understand the information given in this certificate will be used by the Whitnall School District (WSD) to determine whether or not the child living with me is a resident of the WSD. I understand that only children who are residents of the WSD are entitled to attend Whitnall schools free of tuition. I also understand that tuition for a child attending Whitnall public schools is more than \$4,900 a year.

I certify under penalty of perjury, the information furnished on this certificate is true and correct to the best of my knowledge and the WSD may rely on this information to determine the residency of the child who is living with me.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Signature(s) Parent/Legal Guardian Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

WHITNALL DISTRICT OFFICE / 5000 SOUTH 116<sup>TH</sup> STREET, GREENFIELD, WI 53228

**Proof of Residency**

\_\_\_\_ Utility Bill (Gas/Electric/Water/Phone)    \_\_\_\_ Lease    \_\_\_\_ Other  
 ↪ (Attach photocopy of proof of residency to this certificate) ↩

**NOTE:** Your driver's license is NOT an acceptable proof of residency.

## 2011-12 WHITNALL SCHOOL DISTRICT FAMILY FEE WORKSHEET

Student Name	Grade	School (Circle One)
_____	_____	EES HCE WMS WHS
_____	_____	EES HCE WMS WHS
_____	_____	EES HCE WMS WHS
_____	_____	EES HCE WMS WHS
_____	_____	EES HCE WMS WHS
_____	_____	EES HCE WMS WHS

### Elementary Fees

Early Childhood & K4	# of Students _____	x	\$50.00 =	\$ _____
Grades K5-5	# of Students _____	x	\$60.00 =	\$ _____
			<b>Sub Total</b>	\$ _____

### Middle School Fees [includes Explore fee]

Grades 6-8	# of Students _____	x	\$85.00 =	\$ _____
			<b>Sub Total</b>	\$ _____

### High School Fees

Grades 9-12	# of Students _____	x	\$100.00 =	\$ _____
			<b>Sub Total</b>	\$ _____

<b>Total Due: \$ _____</b>	<b>Total Paid: \$ _____</b>
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# WHITNALL SCHOOL DISTRICT

# Student Registration and Information Form

PLEASE PRINT CLEARLY

SCHOOL YEAR: 2011-2012

Office use only: Student ID# \_\_\_\_\_  
 Elementary School Boundary \_\_\_\_\_ HCE \_\_\_\_\_ EDG \_\_\_\_\_  
 PREFERENCE ~ For K4 only ~ \_\_\_\_\_ AM \_\_\_\_\_ PM

STUDENT LEGAL LAST NAME		LEGAL FIRST NAME	Middle Name	Grade Enrolling <small>Grade K4 ~ identify preference AM or PM</small>	PLACE OF BIRTH City _____ State _____	GENDER _____ Male _____ Female Date of Birth _____ / ____ / ____ (mm/dd/yyyy)
Ethnicity (must fill in both parts) Is the student Hispanic/Latino? Yes _____ No _____ Is the student from one or more of these races? (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Primary Home Language What is the primary language spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Lao <input type="checkbox"/> Spanish <input type="checkbox"/> Punjabi <input type="checkbox"/> Arabic <input type="checkbox"/> Serbian <input type="checkbox"/> Bosnian <input type="checkbox"/> Urdu <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong <input type="checkbox"/> OTHER (please list) _____		Country: _____ if not born in USA, provide First date entered in US school: _____ / ____ / ____		
Student Lives with: _____ Mother _____ Father _____ Stepmother _____ Stepfather _____ Other _____ Are the student's parents divorced? Yes _____ No _____ If Yes, does the student's parents have Joint Custody? Yes _____ No _____ If divorced, is there a court order designating responsibility for decisions to the child's education? Yes _____ No _____ If you are NOT the child's parent, are you the legal guardian per a court order? Yes _____ No _____ (COURT DOCUMENTATION REQUIRED)		CERTIFICATION ATTESTING TO AGE OF CHILD [grades K4 and KG] Certificate Type: _____ (i.e. birth/baptismal/passport) Verified by: _____ [office use only]				

PRIMARY HOUSEHOLD INFORMATION Primary Home Address (include building/apt #) _____ _____ _____ Parent Name _____ _____ Parent Name _____ _____	[List below parents who RESIDE in the PRIMARY HOUSEHOLD] City _____ Zip Code _____ Relationship to Student _____ Cell Phone# _____ Relationship to student _____ Cell Phone # _____	Home Phone # _____ Email _____ Work Phone # _____ Email _____ Work Phone # _____
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SPECIAL EDUCATION INFORMATION Has this student ever been screen for a special education program before coming to Whitnall School District? Yes _____ No _____ Has this student ever been in a special education program before coming to Whitnall School District? Yes _____ No _____ If Yes, does this student have a current Individual Education Program (IEP)? Yes _____ No _____		
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**SECONDARY HOUSEHOLD Information (Father and Mother)**

PARENT Last Name _____	First Name _____	Relationship to Student _____
HOME ADDRESS _____	Request student mailings Yes _____ No _____	HOME PHONE # (____) _____ Cell Phone # (____) _____ Work Phone # (____) _____
CITY/STATE/ZIP _____	EMAIL _____ Please provide at least one per household	Cell Phone # (____) _____ Work Phone # (____) _____
SECONDARY SPOUSE Last Name _____	EMAIL _____	

**PRIVACY NOTIFICATION:**

Please note that Whitnall School District takes every effort to protect the privacy of its students. Personal information is not released to unauthorized persons or organizations. School performances are occasionally videotaped for broadcast on our local school district cable station. Students are also photographed at school activities for use on the website and local newspapers.

→ You must notify the school office in writing within 14 days after receipt of this notice if you do not wish to have your child appear on videotape or photograph.

I give permission for Whitnall School District to send school related information to my email address(es) \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

**Name of all other members residing in your primary resident household under the age of 18**

Child's Full Name	DOB ____/____/____	Current Grade	Current School attending
Child's Full Name	DOB ____/____/____	Current Grade	Current School attending
Child's Full Name	DOB ____/____/____	Current Grade	Current School attending
Child's Full Name	DOB ____/____/____	Current Grade	Current School attending
Child's Full Name	DOB ____/____/____	Current Grade	Current School attending

**NAME OF SCHOOL PREVIOUSLY ATTENDED** \_\_\_\_\_

City/State \_\_\_\_\_

Has your child ever been expelled? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, from what school and district? \_\_\_\_\_

If enrolling in high school, a current unofficial transcript has been provided. \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If NO, the student may not be admitted until such records are provided. Please call your former school and have them FAX a copy to Whitnall High School at Fax # (414)525-8520

I, \_\_\_\_\_ [parent name] hereby certify, under penalty of perjury, that the information furnished on this form is true and correct to the best of my knowledge and that the Whitnall School District may rely on this information to determine residence of my child.

**PROOF of RESIDENCY ~ Provide one of the following:** \_\_\_\_\_ WE Energies \_\_\_\_\_ Tax Bill \_\_\_\_\_ Lease/Rental Agreement

Signature of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name (Please Print)                      Grade/Teacher                      School Year                      School

- Please check here if your child has no existing health concerns.
- Please check here if your child wears glasses or contacts.

*Please check the appropriate box if you child's physician has diagnosed him/her with any of the following conditions:*

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma                                 | <input type="checkbox"/> Other Health Conditions: _____ |
| <input type="checkbox"/> Attention Deficit Disorder (ADD, ADHD) | _____   |
| <input type="checkbox"/> Diabetes                               | _____   |
| <input type="checkbox"/> Seizure/Epilepsy                       | <input type="checkbox"/> Surgery in the last 12 months? |
| <input type="checkbox"/> Heart Conditions                       | Explain: _____  |
| <input type="checkbox"/> Bleeding Disorder                      | _____   |
| <input type="checkbox"/> Physical Handicap                      | _____   |

*Please describe any special needs your child will require while at school:*

List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Does your child take any medications?                      **\*\*Will it be needed at school?**

List: \_\_\_\_\_

**\*\*If to be given at school, A School District Medication Administration Form must be completed by you for non-prescription medications and by you and your child's doctor, for prescription medication. Please list details of time and dose on that form. This form is available on the Whitnall website under "Health Services" - Procedures & dispensing medications.**

- 
- NO     YES    Does your child have a SEVERE or life threatening ALLERGY or Allergies?  
*(If yes, please check the appropriate areas and list.)*

- Food Allergy: \_\_\_\_\_
- Medication Allergy: \_\_\_\_\_
- Insect (bite/sting) Allergy: \_\_\_\_\_
- Other: \_\_\_\_\_

- NO     YES    Does your child have an Epi-Pen?\*
- When an Epi-pen is required, a School District Medication Administration Form must be completed by you and your child's physician.*

Student Name: \_\_\_\_\_

Office Use Only  
Student ID# \_\_\_\_\_ SCH# \_\_\_\_\_

## Whitnall Health and Emergency Information

Please read the following statements and respond with a check in the Yes or No box to verify acceptance or non-acceptance of the following statements. You will need to sign the bottom of this box to confirm your choice.

A. Has your child received any immunizations within the last 12 months? If so, please list immunization name and month, date and year received: \_\_\_\_\_

YES  NO

B. If you have indicated a health concern on the reverse side of this sheet, please check yes or no to the following. In order to make sure my child's special health needs are met, I allow my child's name and condition to be shared confidentially with professional and lay staff as determined by the school principal or his/her designee.

YES  NO

C. I give permission for the Health Room Staff to use comfort measures that have standing orders on file. These include the use of Triple Antibiotic Ointment, Calamine Lotion, Cough Drops, or sterile eye irrigate for symptom relief, as it is deemed necessary.

YES  NO

D. If in the judgment of the school authorities, emergency treatment is required; I authorize my child to be transported by ambulance to a hospital for treatment. I also understand that the ambulance does reserve the right to convey the patient to the nearest definitive hospital should they deem it necessary. I hereby authorize the physician(s) at the hospital to give emergency treatment to my child. I understand that every effort will be made to contact parent or emergency contacts as indicated below.

YES  NO

Hospital preference (if any) \_\_\_\_\_

_____	_____
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Parent/Guardian Signature

Date

### Primary Family Contact Reference

Primary Family Address: \_\_\_\_\_

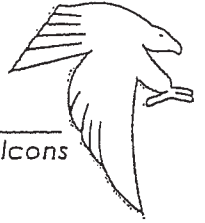
Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Student: _____	Relationship to Student: _____
Home Phone: (____) _____	Home Phone: (____) _____
Cell Phone: (____) _____	Cell Phone: (____) _____
Work Phone: (____) _____	Work Phone: (____) _____

### Emergency Contact Reference

Please list emergency contacts below. All attempts will be made to contact the above parents/guardians first. List only ONE primary phone number for each contact.

<b>REQUIRED FIRST EMERGENCY CONTACT</b>	<b>REQUIRED SECOND EMERGENCY CONTACT</b>
Contact #1 Name: _____	Contact #2 Name: _____
Relationship to Student: _____	Relationship to Student: _____
Primary Phone: _____	Primary Phone: _____

# Whitnall High School



5000 South 116th St.

Greenfield, WI 53228

Home of the Falcons

## Whitnall High School Student Handbook Agreement 2011-12

All students, staff, and parents in the Whitnall community have basic rights and responsibilities designed to maximize the educational experience while maintaining a safe, orderly and respectful learning environment.

The student handbook contains guidelines but is not intended to be all inclusive and is not intended to supersede or conflict with the Board of Education policies, State of Wisconsin statutes, federal laws and regulations, or revised school rules and procedures.

A copy of the Whitnall High School – Student Handbook may be accessed on the district website:  
<http://www.whitnall.com/schools/high/>.

If you have any questions regarding the handbook, please contact an administrator before signing this agreement.

**We have reviewed and understand the Whitnall High School 2011-12 Student Handbook.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*All student privileges (parking permit, dance tickets, etc.) will be held until this form is returned.*

Anthony Brazouski, *Principal*  
(414) 525-8500  
[ABrazouski@whitnall.com](mailto:ABrazouski@whitnall.com)

Jill Stobber, *Assistant Principal/Athletic Director*  
(414) 525-8512  
[JStobber@whitnall.com](mailto:JStobber@whitnall.com)

Jackie Winter, *Assistant Princip*  
(414) 525-8503  
[JWinter@whitnall.com](mailto:JWinter@whitnall.com)

Computer Network and Electronic Communications Systems  
Use Agreement Form

*I have read and agree to abide by the Whitnall School Board policies listed below including the corollary procedures, rules and exhibits that are associated with each policy.*

- 362.1/771 Copyright Printed, Digital, Video, DVD, Other Media and Duplicating Services
- 363.1 Instructional Technology
- 363.2 Computer Network and Internet Use
- 363.21/771.1 Monitoring Use of Copyrighted Computer Software
- 363.3 Electronic Communication Systems
- 363.4 School District Website

I understand that violation of this policy may result in disciplinary action or loss of network access privileges. Any disciplinary action may be taken by appropriate school or District level personnel in accordance with District Policy and State Statutes. I also understand that there should be NO expectation of privacy regarding the District Network and/or the Electronic Communications Systems in the District.

I understand that teachers have to act on behalf of students as it relates to educational websites. I give my permission for the teacher to do so. I understand that I must notify the school in writing if I do not want the teacher to act on my behalf as a parent.

Student

Other

Employee

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

School or Work Location: \_\_\_\_\_

*Student/Employee Signature/Date* \_\_\_\_\_

*Parent/Guardian Signature/Date* \_\_\_\_\_

(If under 18)

Occasionally we post pictures of school activities and student school work on the District Website. Note that student names are never posted identifying individual students' photos. Please contact the school office if you do not wish to have your student in any pictures or have any school work posted on the District Website.

A copy of this signed form is to be retained at the school under the authority of the Principal and/or Technology Coordinator acting as designee to the Superintendent. Return this form to your Classroom Teacher, Principal, or the Office of the Technology Coordinator, 5000 South 116th Street, Greenfield, WI 53228.

REVISED:

May 12, 2003; March 8, 2004; June 24, 2005; June 12, 2006; February 12, 2007; July 2, 2009

