

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 116TH 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 <u>NOT</u> 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 =	\$ _____
Sub Total				\$ _____

Middle School Fees [includes Explore fee]

Grades 6-8	# of Students _____	x	\$85.00 =	\$ _____
Sub Total				\$ _____

High School Fees

Grades 9-12	# of Students _____	x	\$100.00 =	\$ _____
Sub Total				\$ _____

Total Due: \$ _____	Total Paid: \$ _____
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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)
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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 <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) _____	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) _____	CERTIFICATION ATTESTING TO AGE OF CHILD [grades K4 and Kg] Certificate Type: _____ (i.e. birth/baptismal/passport) Verified by: _____ [office use only]
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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)**

PRIMARY HOUSEHOLD INFORMATION <small>[List below parents who RESIDE in the PRIMARY HOUSEHOLD]</small>		SPECIAL EDUCATION INFORMATION	
Primary Home Address [include building/apt #]	City	Zip Code	Home Phone #
Parent Name	Relationship to Student	Email <small>Please provide one per household</small>	Has this student ever been screened for a special education program before coming to Whitnall School District? Yes _____ No _____
	Cell Phone#		Has this student ever been in a special education program before coming to Whitnall School District? Yes _____ No _____
Parent Name	Relationship to student	Email	if Yes, does this student have a current Individual Education Program (IEP)? Yes _____ No _____
	Cell Phone #	Work Phone #	
		Work Phone #	

SECONDARY HOUSEHOLD Information (Father and Mother)

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

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: _____

WHITNALL SCHOOL DISTRICT
ANNUAL STUDENT HEALTH UPDATE

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.

REQUIRED FIRST EMERGENCY CONTACT

Contact #1 Name: _____

Relationship to Student: _____

Primary Phone: _____

REQUIRED SECOND EMERGENCY CONTACT

Contact #2 Name: _____

Relationship to Student: _____

Primary Phone: _____

I understand that I am responsible for knowing the information in the 2011-2012 Student Handbook, following the guidelines, and sharing the information with my parents/guardians.

Student Signature

Date

I have read and discussed the material in the 2011-2012 WMS Student Handbook with my child:

Parent Signature

Date

Please return to your child's homebase teacher by September 16, 2011.

**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

District Release of Information Form
(to be used with policies 420, 420.1, 422, 422.1, 424, 425 as appropriate)

I hereby authorize: _____

Name of School/Agency (full name, address and phone #)

To release to: Whitnall Middle School
5025 South 116 Street
Greenfield, WI 53228

To obtain from:
(check one or both)

If an Individual's Name is listed above, information may only be released to or obtained from that individual.

Information regarding: _____ (Student Name) _____ (DOB)

Other names used: _____

Purpose or need for release:

- Types of information to be released:
- | | |
|--|---|
| <input type="checkbox"/> School Reports (academic and behavioral) | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Medical Reports/physical exams | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Psychological assessment | <input type="checkbox"/> Treatment Summary |
| <input type="checkbox"/> Psychiatric evaluation (includes diagnosis/prognosis) | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Alcohol or drug evaluation/treatment | <input type="checkbox"/> Legal Status/offense |
| <input type="checkbox"/> Discharge or after-care plan | <input type="checkbox"/> Other |

I understand that my records are protected under state statutes governing confidentiality and cannot be disclosed without my written consent unless otherwise provided for in state statutes. This consent to disclose may be revoked by me at any time except to the extent that action has been taken in reliance thereof.

Student Signature (If over 18)

Date

Parent/Guardian Signature

Date