



# Weyauwega-Fremont School District

## Request of Student Records

Date of Enrollment: \_\_\_\_\_

Name of School Student is withdrawing from: \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

The following student, \_\_\_\_\_ Grade \_\_\_\_\_, Birth date \_\_\_\_\_ has enrolled in the School District of Weyauwega-Fremont (#6384). Please forward all progress, behavioral, psychological and immunization records. It is understood that school personnel, in accordance with State Statute 118.125 will use this information in strict confidence. Please fax transcripts, schedule and grades as soon as possible with the cumulative folder to be mailed to:

Weyauwega- Fremont School District, (Attention: Marge Loehrke)

P.O. Box 580

Weyauwega, WI 54983-0580

Telephone – 920-867-8865 Fax- 920-867-8875 E-mail- [mloehrke@wfsd.k12.wi.us](mailto:mloehrke@wfsd.k12.wi.us)

If the student is receiving Special Education Services please fax latest IEP and Evaluation ASAP to:

Weyauwega-Fremont School District, (Attention: Jill Hughes)

P.O. Box 580

Weyauwega, WI 54983-0580

Telephone - 920-867-8821 Fax- 920-867-8896 E-mail- [jhughes@wfsd.k12.wi.us](mailto:jhughes@wfsd.k12.wi.us)

Parental permission is no longer required when authorized school personnel request records. (*Family Education Rights and Privacy Act. Federal Register, PL 94-142 ch 34, part 99.31*).

Wisconsin Statute 118.124 (4)- Transfer of Records. Within five (5) working days, a school district shall transfer to another school or school district all pupil records relating to a specific pupil if he or she is an adult or his or her school or school district or written notice from the school or school district that the pupil has enrolled or from a court that legal custody of the pupil has been transferred to the department of health and social services for placement in a juvenile correctional facility.



## Student Registration Form

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

A copy of birth certificate must be provided with registration.

Date of Birth: \_\_\_\_\_

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

Gender: \_\_\_\_\_

Birth City: \_\_\_\_\_

Birth State: \_\_\_\_\_

Birth County \_\_\_\_\_

Language Student speaks: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Students Full Address: \_\_\_\_\_

City, Township, Village of where student resides: \_\_\_\_\_

County student resides: \_\_\_\_\_

- Has this student volunteered withdrawn from a previous school prior to an expulsion?
- If yes please explain: \_\_\_\_\_
- Has this student been expelled from a previous school?
- If yes, please explain: \_\_\_\_\_

Does this student have an IEP? \_\_\_\_\_ (If yes, please bring a copy of the IEP with you)



# Weyauwega-Fremont School District

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

1. Is this student Hispanic or Latino? (Choose only one)

**(Please circle the correct answer)**

- a. No, not Hispanic or Latino
- b. Yes, Hispanic or Latino

2. Is this student (Choose all that apply)

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or other Pacific Islander
- e. White

Family Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Insurance Numbers: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Medications student is presently taking: \_\_\_\_\_

Allergies: \_\_\_\_\_

Pertinent Health Conditions: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Family/Guardian Information

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Name of Parent/Guardian student will be living with: \_\_\_\_\_

Mother/Guardian full name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Father/Guardian full name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency contact full name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Weyauwega-Fremont School District

## Permission Form

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**Field Trips:** I hereby give my permission for my child to attend any scheduled field trip either in the district or out of the district. It is my understanding that my child's teacher will notify me in advance of any upcoming field trips. If I decide that I do not want my child to attend the scheduled field trip, I can notify my child's teacher in writing or by a telephone call at least twenty-four (24) hours prior to the scheduled field trip so other arrangements can be made for my child to attend his/her regular schedule classes.

Yes                      No                      (please circle one)

**Picture/Image:** I hereby give my permission for my child's picture or image and full name to be used in school publications, newsletters or newspapers.

Yes                      No                      (please circle one)

**Internet Policy:** Parents/Guardians and students have read the School District of Weyauwega Acceptable Use Policy and agree to abide by the provisions. We understand that violations of the use provisions stated in the policy may constitute suspension or revocation of internet services.

(Please circle one)

Yes      Internet Usage -As parent/guardian of the minor student I grant permission for my  
Child to independently access internet services.

No      Internet Usage- As parent/guardian of the minor student I do not grant permission for  
My child to independently access internet services. I understand the school will  
Attempt to enforce this with my child, but it will be my child's responsibility to follow  
My directives.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Home Language Form

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

In order to comply with state requirements and assist the Weyauwega-Fremont School District in communicating with the home, please answer the following questions about your child's language.

**Directions:** For each of the following six questions, please fill in the appropriate answer.

1. What language did your child speak when he or she began to talk? \_\_\_\_\_
2. What language does your child speak at home? \_\_\_\_\_
3. What language does your child speak with his or her friends? \_\_\_\_\_
4. What language do you or other parents/guardians use when speaking to your child? \_\_\_\_\_
5. Is there an adult in the home who can read English? \_\_\_\_\_
  - a. If not, what language can be read? \_\_\_\_\_
6. Do you want a translator available at school conferences? \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Weyauwega-Fremont School District Health Form**

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

MI: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Parent/Guardian

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**Please answer the following and provide comments as necessary.**

Condition	Yes	No	Comments
Allergies (food,insects,drugs)			
Allergies (seasonal)			
Asthma or breathing problems			
ADD/ADHD			
Behavioral problems			
Bladder problem			
Bleeding problem			
Broken bones			
Bowel problem			
Cancer history			
Chicken pox			
Dental problems			
Developmental issues			
Diabetes			
Dietary Restrictions			
Headaches (severe)			
Head Injury history			
Hearing problems or deafness			
Heart problems			
Lead poisoning			
Pneumonia			
Seizures			
Skin rashes			
Speech problems			
Stomach aches			
Strep throat			
Surgeries			
Vision problems			
Whooping Cough			

**CONTINUED ON OTHER SIDE**



Weyauwega-Fremont School District Health Form

Please list any medications your child is taking (prescription/over-the-counter/herbal).

\_\_\_\_\_

Will this medication need to be administered at school? {If yes, please take pink medication form/complete parent section/obtain physician signature). \_\_\_\_\_

Does your child require preferential seating in the classroom? \_\_\_\_\_

Does your child have a limit on his or her participation in the classroom? {If yes, please explain}.

Activities: \_\_\_\_\_

Physical Education: \_\_\_\_\_

Name of primary care physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name(s) of specialist: \_\_\_\_\_ Phone number: \_\_\_\_\_  
\_\_\_\_\_ Phone number: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone number: \_\_\_\_\_

- If your child has severe allergies requiring Epi-pen administration, asthma, diabetes or seizure disorder, please complete appropriate form and return to school office before the start of the school year.

Please note any other issues/health concerns you have regarding your child in the space below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please have the school nurse call me at (phone number) \_\_\_\_\_ to discuss health concerns.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Weyauwega-Fremont School District

## Bus Transportation Request

Date: \_\_\_\_\_

Student Name	Date of Birth	Grade	School Name

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Date bussing is to start: \_\_\_\_\_

Neighbors that ride the bus: \_\_\_\_\_

Previous property owner or property owner:

\_\_\_\_\_



## Rules for Bus Riders

1. Students are required to be at the bus stop 10 minutes **PRIOR** to the arrival of the bus.
2. Students that are not waiting for the bus, drivers are instructed **NOT** to stop but to proceed with the completion of their routes.
3. If your children are not riding the school bus, please call the transportation office at (920) 867-8943, a minimum of twenty (20) minutes before your child's scheduled pick-up-time.
4. Not all buses are equipped with crossing gates. These were installed for the safety of our children while loading and unloading. Bus riders are encouraged not to come in contact with the gate while loading and unloading. Otherwise, this may result in disciplinary action against the student. Our primary concern is always the safety of our students.
5. The bus is an extension of the classroom. All rules that apply in the classroom apply on the bus, in addition to the general list posted in the front of each bus.

## Bus Permits

1. The Transportation Supervisor must approve any changes in drop-off or pick-up points only at least 24 hours in advance.
2. Building secretaries can also write bus passes with proper written notification of changes from parent or guardian. Drivers have been instructed not to honor handwritten requests by parents. The drivers are allowed to accept bus permits only.
3. Students will not be allowed to ride a different bus home with their friends for overnight stays, birthday parties, etc., without the expressed permission of the Transportation Supervisor.
4. Students who do not qualify for bus transportation will not be issued bus permits.