



# SPARTA AREA SCHOOL DISTRICT

# STUDENT ENROLLMENT

## Student Information

- Has this student ever attended the Sparta School District?  Yes  No
- Internet in the home?  Yes  No
- Will this student require bus transportation?  Yes  No
- Sparta Resident  Yes  No
- Method of Instruction Requested:  In Building  Virtual (SVLA)

<b>Legal Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Suffix:</b>
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Date of Birth:</b>	<b>Grade:</b>	<b>Age:</b>
<b>Student's Primary Street Address:</b>	<b>Apt # / Lot #:</b>	<b>City:</b>	<b>Phone Number:</b>
<b>Location of Student's Birth City:</b>	<b>County:</b>	<b>State:</b>	<b>Country:</b>

<b>● Ethnicity...Select ONLY ONE:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <b>● Local Race...SELECT ONE BELOW:</b> <input type="checkbox"/> ● American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White/Non-Hispanic	<b>● Home Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Other: <b>● Federal Race...CHECK ALL THAT APPLY BELOW:</b> <input type="checkbox"/> ● American Indian or Alaskan 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
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**● American Indian or Alaskan Native Tribal Affiliation:**

**● Please check any of the specialized programming that your child currently receives:**  
 Special Needs/IEP  English Language Learner  504 Plan  Advanced Coursework  Other:

<b>● Name of Last School Attended:</b>	<b>● City/State:</b>	<b>● Phone Number:</b>
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**Legal Documents (Documents must be provided to the school)**  
 Custody Paperwork  Foster Placement  Termination of Parental Rights  Other:

**● Please list ALL children in the same household as student listed above:**

Name:	Birthdate:	School Name/if any:	Grade/if any:

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

**FAMILY #1 Primary Legal Guardian(s) address where child primarily lives**

● Have you ever been listed as a parent or guardian in the Sparta School District?  Yes  No

Parent #1: Name (Last, First, Middle)	Relationship:	Language:	Home/Cell Phone:
Employer Name:	Work Phone:	<input type="checkbox"/> Employed on Fort McCoy <input type="checkbox"/> Active Military	
Email Address:	Home Address (if different than above)		
Parent #2: Name (Last, First, Middle)	Relationship:	Language:	Home/Cell Phone:
Employer Name:	Work Phone:	<input type="checkbox"/> Employed on Fort McCoy <input type="checkbox"/> Active Military	
Email Address:	Home Address (if different than above)		
<input type="checkbox"/> Custodial Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Okay to pick up child <input type="checkbox"/> Emergency Contact			

**FAMILY #2 Secondary Legal Guardian(s)**

Guardians residing at a separate address from child

Parent #1: Name (Last, First, Middle)	Relationship:	Language:	Home/Cell Phone:
Employer Name:	Work Phone:	<input type="checkbox"/> Employed on Fort McCoy <input type="checkbox"/> Active Military	
Email Address:	Home Address:		
<input type="checkbox"/> Custodial Parent <input type="checkbox"/> Okay to pick up child <input type="checkbox"/> Emergency Contact			
Parent #2: Name (Last, First, Middle)	Relationship:	Language:	Home/Cell Phone:
Employer Name:	Work Phone:	<input type="checkbox"/> Employed on Fort McCoy <input type="checkbox"/> Active Military	
Email Address:	Home Address:		
<input type="checkbox"/> Custodial Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Okay to pick up child <input type="checkbox"/> Emergency Contact			

**Emergency Contacts:**

Name of Contact:	Relationship:	Language:	Phone Number:	Authorized to Pick up child:
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

● Parent Signature: \_\_\_\_\_

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

# Student Screening

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

Pursuant to Wisconsin State Statute 115.777, mandating that a child be screened to determine if a child is receiving any special education services or other instructional needs upon first enrolling in a school district.

**●Please check any of the following services which apply for the child you are enrolling...**

1	Autism	<input type="checkbox"/> Yes <input type="checkbox"/> No	6	Orthopedically Impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Intellectual Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	7	Other Health Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Emotional Behavior Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	8	Speech or Language Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Hearing Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	9	Traumatic Brain Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Specific Learning Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	10	Visual Impairment (not glasses)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**●Please answer the following questions...**

1	Does your child have a current Individualized Education Program (IEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Does your child have a 504 plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Was your child an English Language Learner (ELL) student in their previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Has your child previously attended a public or private school in Wisconsin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Does your child have a County Social Worker, ISP Worker, or Probation Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Do you have a Family Advocate assigned to your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Is there a court order for custody of the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have either biological parent's parental rights to the child been terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain any YES answers to questions above

**●Parents in the Military...**

**School districts are required by state to ask these questions beginning fall 2018**

1	Is any parent or guardian active duty in the military?	Branch:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is any parent or guardian a traditional member of the Guard or Reserve?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Is any parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is either family currently living in military housing on Fort McCoy base?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**●Expulsion...**

**(For prior enrollment in either public or private school)**

1	Has your child ever been expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Has your child ever been asked to leave a school district in lieu of expulsion?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES to questions 1 or 2: Name of School: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Explain:

# Student Home Language Survey

Student's Name...		
Last Name	First Name	Middle Name
Purpose: The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed for your child. Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of services offered to your child.		
<b>Section 1.....</b>		
(Circle) the answers below:		
Question #1: Was the first language used by this student English?		
Yes	Go to Question #2	
No	Go to Question #3	
Question #2: When at home, does this student hear or use a language other than English more than half of the time?		
Yes	Go to Question #4	
No	This student is not eligible for ELP Screening. Home Language Survey is complete, go to Section 2	
Question #3: When at home, does this student hear or use a language other than English more than half of the time?		
Yes	Administer ELP screener. Record other language(s). Home Language Survey is complete, go to Section 2	
No	Go to Question #4	
Question #4: When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?		
Yes	Administer ELP Screener. Record other language(s). Home Language Survey is complete, go to Section 2	
No	Go to Questions #5	
Question #5: When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?		
Yes	Administer ELP Screener. Record other language(s). Home Language Survey is complete, go to Section 2	
No	Go to Questions #6	
Question #6: When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?		
Yes	Administer ELP Screener. Record other language(s). Home Language Survey is complete, go to Section 2	
No	Go to Questions #7	
Question #7: Is this student a Native American, Native Alaskan, or Native Hawaiian?		
Yes	Go to Question #8	
No	Go to Question #9	
Question #8: Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?		
Yes	Administer ELP Screener. Record other languages(s). Home Language Survey is complete. Go to Section 2	
No	Go to Question #9	
Question #9: Has this student recently moved from another school district where they were identified as an English Learner?		
Yes	Rescreen the student if they meet the criteria for rescreening	
No	Student is not eligible for ELP Screening. Home Language Survey is complete. Go to Section 2	
<b>Section 2.....</b>		
<b>Parental/Guardian.....Language Preferences</b>		
Parent Name:		
Oral:	Written:	
Parent Name:		
Oral:	Written:	
<b>(Administrative Use Only)</b>		
<b>Home Language Survey Result</b>		
(circle one)	Screen	
	Do No Screen	
● Parent Signature:		Date:

# Directory Information Opt Out

Student's Name...		
Last Name	First Name	Middle Name

## Social Media

Sparta Area School District is pleased to share our Social Media Platforms! We celebrate our students on Facebook, Instagram, Twitter, YouTube, and on our website at [www.spartan.org](http://www.spartan.org). SASD and organizations authorized by the School District will seek to interview, photograph, and/or videotape students during regular school hours on school grounds and/or at student activities. If you check the next line, SASD will **NOT** use your child's picture in celebrations such as pep rallies, field trips, special guest visits, classroom celebrations, and many more.

**I DO NOT RELEASE** my child's photograph for use on social media sites such as [Facebook](https://www.facebook.com), [Instagram](https://www.instagram.com), [Twitter](https://www.twitter.com), [YouTube](https://www.youtube.com), and on our website at [www.spartan.org](http://www.spartan.org)

## Directory Information

The District shall make available, upon request, certain information known as "directory information". Directory information means information contained in an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed.

The Sparta Area School District has classified the following as "directory information": student's name, address, telephone listing, date of birth, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, awards received, and the most recent previous school attended by the student.

One of the purposes of directory information is to allow the Sparta Area School District to include information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production or concert;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

If you check any of the next three lines, SASD will **NOT** use your child's Directory Information for yearbooks, playbills, honor roll, graduation programs, sports activities, colleges, universities or the military, etc.

**I DO NOT RELEASE** my child's directory information (name, grade, etc.) for district use in yearbooks, playbills, honor roll, graduation programs, sports activities, etc.

**I DO NOT RELEASE** my child's directory (name, grade, etc.) information to colleges, or universities.

**I DO NOT RELEASE** my child's directory (name, grade, etc.) information to military recruiters.

<input type="checkbox"/> Parent Signature:	Date:
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# Student Health Information

**Student's Name...**

Last Name

First Name

Middle Name

**Check current health condition that may require attention during the school day or at co-curricular activities.**

Yes	No	Health Concern:	Reaction:	Medication Needed:	Comments:
<input type="checkbox"/>	<input type="checkbox"/>	Allergy/Foods		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Medication form needed	
<input type="checkbox"/>	<input type="checkbox"/>	Allergy/Bee or Insect		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Medication form needed	
<input type="checkbox"/>	<input type="checkbox"/>	Allergy/Medication		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Medication form needed	
<input type="checkbox"/>	<input type="checkbox"/>	Allergy/Seasonal		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Medication form needed	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Medication form needed	
<input type="checkbox"/>	<input type="checkbox"/>	Cardia/Heart Condition		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Medication form needed	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes		<input type="checkbox"/> Insulin Pump <input type="checkbox"/> Insulin Injections <input type="checkbox"/> Glucagon	
<input type="checkbox"/>	<input type="checkbox"/>	Medication			
<input type="checkbox"/>	<input type="checkbox"/>	Seizure Condition		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Medication form needed	
<input type="checkbox"/>	<input type="checkbox"/>	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Medication form needed	

**Restrictions because of medical issues:**

- ❖ Please note: The school does not supply any medications
- ❖ All medications given at the school requires a Medication Procedure form
- ❖ Prescription Medications given at the school requires a Medication Procedure form signed by the parent and doctor
- ❖ Over-The-Counter (OTC) Medications given at the school requires a Medication Procedure form signed by the parent

## Healthcare Providers

<b>Name of Clinic:</b>		<b>Phone Number:</b>	
<b>Name of Dental Office:</b>		<b>Phone Number:</b>	
<b>Name of Hospital:</b>		<b>Phone Number:</b>	

I understand that the medical information provided will be shared with all personnel who need to know to protect the life and safety of my child. I, the undersigned, do hereby authorize officials of the Sparta Area School District to contact directly the persons named, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgement, for the health of this child. I will not hold the school district financially responsible for the emergency care and/or transportation of this child.

\*Student medical information is protected by HIPPA Privacy Act and/or Family Education Rights and Privacy Act (FERPA) with additional protection afforded by Wisconsin Statutes 118.25(2m)(a)(b) and 146.82-146.83.

\*Per district policy, students are not permitted to carry medications, with the exception of Albuterol and Epinephrine. For questions please contact the district nurse.

\*DPI requires that we have a doctor's note verifying allergy/special diet needs. If your child requires food substitutions due to food allergies, a doctor's note needs to be on file in the school office prior to receiving special diet substitutions.

● Parent Signature:

Date:

# Student Medication Procedure

## Student's Name...

Last Name	First Name	Middle Name
Date of Birth:	School:	School Year / Effective Dates:
Medication / Procedure:	Dosage:	Time / Frequency:

Reason for Medication / Procedure:

Student's Practitioner Name:

## Notes...

- ❖ For Prescription Medications: signed parent consent and signed practitioner's order are required
- ❖ For Non-Prescription Medications: only signed parent consent required

## Parent Consent...

Complete for EACH MEDICATION/PROCEDURE at school (Please review your school's handbook for specific information regarding the medication policy)

- I request that this medication/procedure be administered at school
- Medication will be supplied in its original, properly labeled container.
- This order is in effect for this school year unless otherwise indicated.
- I will notify the school in writing for any changes and obtain a new practitioner's order.
- I authorize school personnel to exchange information verbally or in writing with my child's practitioner regarding this medication or the condition for which it is prescribed.
- I release the school district from any liability claims as a result of the administration of this medication or procedure as directed.

\_\_\_\_\_

Date ● Parent/Guardian Signature Telephone Number

## Practitioner's Order:

Complete one form for EACH PRESCRIPTION MEDICATION administered at school.

The above medication procedure is to be administered during the school day in accordance with the above instructions. Please contact me if the following symptoms occur:

\_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

- For Asthma Inhaler: Student may carry inhaler in school  yes  no
- For Epinephrine Auto Injectors: Student may carry injector in school  yes  no

\_\_\_\_\_

Date ● Practitioner's Signature Telephone Number

# Student Immunization History

Student's Name...

Last Name	First Name	Middle Name
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List the **MONTH, DAY AND YEAR** your child received each of the following immunizations. **DO NOT USE A (☑) OR (X)** except to answer the question about chickenpox, Tdap or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
<b>DTAP/DTP/DT/TD</b> <b>(Diphtheria, Tetanus, Pertussis)</b>					
ADOLESCENT BOOSTER <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
<b>POLIO</b>					
<b>HEPITITUS B</b>					
<b>MMR (Measles, Mumps, Rubella)</b>					
<b>VARICELLA (Chickenpox) Vaccine</b> Vaccine is required only if your child has not had chickenpox disease. See below:					

● **Has your child had Varicella (the Chickenpox disease)?**

Check the appropriate box and provide the year if known:

- Yes** \_\_\_\_\_ year (vaccine not required)     **No or Unsure** (vaccine required)

**Requirements: Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements**

● **Compliance Data**

Please note that incompletely immunized students may be excluded from school if an outbreak of one of these diseases occurs.

- MY CHILD MEETS ALL REQUIREMENTS:** Sign and return to school
- MY CHILD DOES NOT MEET ALL REQUIREMENTS:** Check the appropriate box below, sign, and return to school.
- MY CHILD HAS NOT RECEIVED ALL REQUIRED DOSES OF VACCINE,** the FIRST DOSES(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90<sup>th</sup> school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30<sup>th</sup> school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.
- NOTE: Failure to stay on schedule and notify the school may result in court action and a fine of up to \$25.00 per day of violation.
  - WAIVERS: List above the date(s) of any immunizations your child has already received

**FOR HEALTH REASONS THIS STUDENT SHOULD NOT RECEIVE THE FOLLOWING IMMUNIZATIONS:**

\_\_\_\_\_  
*Signature – Physician*

\_\_\_\_\_  
*Date Signed*

**FOR RELIGIOUS REASONS THIS STUDENT SHOULD NOT BE IMMUNIZED**

**FOR PERSONAL CONVICTION REASONS THIS STUDENT SHOULD NOT BE IMMUNIZED**

\_\_\_\_\_  
*Signature – Parent*

\_\_\_\_\_  
*Date Signed*

**The above immunization information is complete and accurate to the best of my knowledge.**

●  **I DO**     **I DO NOT** ...give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

**By signing below, I verify that all the information provided is accurate and verifiable to the best of my knowledge.**

● Parent Signature:	Date:
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# Student Transportation

## TRANSPORTATION REQUEST FORM

Sparta Area School District and Southwest Bus Service

*Please return this form to the main office of your child's school.*

If your child has special education transportation per an IEP, please check this box.

Request for Busing     Change in Busing     Change of Address     No Busing Needed

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

Student ID #: \_\_\_\_\_ Pre-K:    AM    PM    N/A

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

### Parent/Guardian Information

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Per Board policy, Article 516, different AM pick up and PM drop off points are permitted, but must remain the same every day for the semester. Parent or guardians are responsible for transportation on days when the student's needs vary from what is assigned.

### Pick Up – Transportation TO School

Primary (Home) Address     Secondary Household     Childcare Provider     Other

Pick Up Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Notes: \_\_\_\_\_

### Drop Off – Transportation FROM School

Primary (Home) Address     Secondary Household     Childcare Provider     Other

Drop Off Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Notes: \_\_\_\_\_

Please check here if this student will be attending Head Start.  
*NOTE: Head Start is NOT in session on Fridays. All Pick Up and Drop Off information must be provided.*

### Effective Date

I would like the transportation services to begin/change on: \_\_\_\_\_

*Transportation arrangements will be confirmed via email. If no email address is provided, confirmation will be via a phone call to the number provided above. Please 10-12 business days for processing and implementation of busing.*