

# Parkview School District

## 4K Information

(One form completed per student)

### Student Information

Last Name	First Name	Middle Name	Date of Birth
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Is your child currently enrolled a preschool, Head Start, day care or Early Childhood program?

No  Yes If yes, where? \_\_\_\_\_

Will your child require day care before or after our 4K program?  No  Yes

Will your child utilize the bussing provided by the school district?  No  Yes

**Transportation will only be available within the Parkview School District Attendance area.**

Residence child is to be **picked up** at:

Name	Address (Street & City)	Phone
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Residence child is to be **dropped off** at:

Name	Address (Street & City)	Phone
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**AM/PM assignments will be based on need for child care services, place of residence and date of enrollment.**

**Residents of Newark Township will be assigned to the Afternoon Session.**

Do you prefer AM or PM?  AM  PM  No Preference

Does your child still nap?  No  Yes

Do you have other children in elementary school?  No  Yes If yes, please list below.

Name	Grade

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Parkview School District

## NEW STUDENT REGISTRATION

(One form completed per student)

### Student Information

Last Name		First Name		Middle Name	
Date of Birth (Month, Day, Year)		First Name Student Will Go By In School		Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Last School, Day Care/Pre-School Facility Your Child Attended				Number of Years of Attendance	
Ethnicity: Latino/Hispanic? <input type="checkbox"/> YES <input type="checkbox"/> NO Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander Is a language other than English spoken in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate what language is spoken in the home _____				Residence (Please Check One) <input type="checkbox"/> Town of Avon <input type="checkbox"/> Town of Rock <input type="checkbox"/> Town of Center <input type="checkbox"/> Town of Spring Valley <input type="checkbox"/> Town of Magnolia <input type="checkbox"/> Village of Footville <input type="checkbox"/> Town of Newark <input type="checkbox"/> Village of Orfordville <input type="checkbox"/> Town of Plymouth <input type="checkbox"/> Other _____	
Is the listed student currently expelled from a public school or is there pending disciplinary proceedings? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Residence Street Address				City, State, Zip	
Mailing Address (if different than above)				City, State, Zip	
Primary Telephone Number			Email Address		
Student Resides with: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Foster Care <input type="checkbox"/> Other _____					
Signature:				Date Signed (Month, Day, Year):	

### Educational Needs

<input type="checkbox"/> Title I/Remedial Reading	<input type="checkbox"/> Gifted & Talented	<input type="checkbox"/> ESL Program (Primary Language Spoken _____)
<input type="checkbox"/> 504 Accommodation Plan	<input type="checkbox"/> Special Education Services (IEP Driven)	<input type="checkbox"/> S/L <input type="checkbox"/> SLD <input type="checkbox"/> EBD <input type="checkbox"/> ID <input type="checkbox"/> OHI <input type="checkbox"/> OT <input type="checkbox"/> PT

### Family Data

Title:	Last Name	First Name	Parkview Resident
Father:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Mother:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Step-Father:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Step-Mother:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Guardian/Other:			<input type="checkbox"/> YES <input type="checkbox"/> NO

# Parkview School District

## PARENT/GUARDIAN INFORMATION

*(One form completed per Student)*

Dear Parent(s):

An increasing number of school aged children are members of families that live in two households. If this is the situation in your family, you are aware of the fact that the courts resolve custody issues in a variety of ways. Generally, the shared custody parents both continue to have certain parental rights to discuss student progress with the educational staff, review student records and to receive copies of progress reports. Occasionally the court issues restraining orders against one of the parents in the custody agreement. Frequently the school gets caught in the middle and does not know what rights each parent possesses. Unless we have a copy of a court order that specifies restraints against the parental rights of a parent, the school will assume that both parents may continue to exercise parental rights equally. It is our responsibility to support and encourage all parents in the educational progress of their children.

<b>Student's Full Name</b>		<b>Student's Birthdate</b> ____/____/____ Month Day Year
<b>Father's Full Name</b>	<b>Mother's Full Name</b>	
<b>Father's Address</b>	<b>Mother's Address:</b>	
<b>Home Phone Number</b>	<b>Home Phone Number</b>	
<b>Cell Phone Number</b>	<b>Cell Phone Number</b>	
<b>Work Phone Number</b>	<b>Work Phone Number</b>	
<b>Employer</b>	<b>Employer</b>	
<ul style="list-style-type: none"> <li>Has the court issued orders that restrict his parent from requesting grade reports, visiting the child or the child's teachers or picking up the child at school? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>If yes, please provide the Principal with a copy of the applicable court order. The document will be maintained as a permanent and confidential record.</li> </ul>	<ul style="list-style-type: none"> <li>Has the court issued orders that restrict his parent from requesting grade reports, visiting the child or the child's teachers or picking up the child at school? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>If yes, please provide the Principal with a copy of the applicable court order. The document will be maintained as a permanent and confidential record.</li> </ul>	
<ul style="list-style-type: none"> <li>Should this parent receive copies of progress reports, report cards, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>	<ul style="list-style-type: none"> <li>Should this parent receive copies of progress reports, report cards, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>	
<b>Signature of Parent Initiating This Information</b>		

*Office use only*

Date Received	Date Supporting Documents Received	Date Skyward Updated
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# Parkview School District

## STUDENT EMERGENCY INFORMATION

(One form completed per student)

Student Name	Date of Birth
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**Please indicate if your child has any allergies or medical conditions:**

<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Recurring Illness	<input type="checkbox"/> Other
Please explain the checked items, if necessary.					

**Name of contact person, if parent/guardian is unavailable, that will assume temporary care (non-emergency)**

Name		
Street Address		City, State, Zip
Home Phone	Cell Phone	Work Phone
Relationship to Student		

Name		
Street Address		City, State, Zip
Home Phone	Cell Phone	Work Phone
Relationship to Student		

Name		
Street		City, State, Zip
Home Phone	Cell Phone	Work Phone
Relationship to Student		

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





**Parkview School District  
Family Access Password Distribution Form**



Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

e-mail address (where we will send username and password) \_\_\_\_\_

Names of Children in the Parkview School District:

_____	_____
_____	_____
_____	_____
_____	_____

**I, the undersigned, agree to use this password for the express purpose of accessing my child's on-line school information. Improper use of this information is prohibited by law.**

*Because the person who has the password can look up confidential student information, it is important that the password remain known only to the family to which it is released.*

Parent/Guardian Signature \_\_\_\_\_

*This completed form must be returned to the Parkview Jr./Sr. High School office.*

**Access to Technology Resources Consent Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

School: \_\_\_\_\_ Student I.D. Number: \_\_\_\_\_

Parents and/or guardians, please place an X to indicate your choice(s).

**1. Internet access:**

Yes No

\_\_\_\_

I give permission for my child to access the Internet via the District's connection.

**2. Parkview website/School Newspaper information:**

Yes No

\_\_\_\_

**A. Photos/Name (check one) :**

I give permission for my child's photo and full name to be included on the Parkview website and Voice.

Yes No

\_\_\_\_

**B. Classwork (check one) :**

I give permission for my child's full name, and grade level to be included on the website for her/his school in association with my child's own writing and art work, news articles concerning their school or achievements, or any other way which does not visually identify my child.

**3. Community website & Newspapers (i.e. Village of Orfordville website, Brodhead Independent Register)**

Yes No

\_\_\_\_

**A. Photos/Name (check one) :**

I give permission for my child's photo and full name to be included on community website and newspapers

Yes No

\_\_\_\_

**B. Classwork (check one) :**

I give permission for my child's photo and full name to be included on community website and newspapers in association with my child's own writing and art work, news articles concerning their school or achievements.

**4. Video Disclaimer:**

Yes No

\_\_\_\_

I give permission for my child to be videotaped.

**5. Career and College Information (high school students only):**

Yes No

\_\_\_\_

I give permission for my child to submit personal information (name, address, telephone number, credit card number, etc.) on the Internet via the Parkview School District's connection(s) to post-secondary educational institutions for the purpose of accessing career and college information and applying for admission.

**Student Agreement**

**I understand and will abide by the Access to Technology Resources' Policy. I further understand that any violation of these guidelines may result in my Internet privileges being restricted or revoked and also may result in school disciplinary action. I understand that if the violation constitutes a criminal offense, appropriate legal action may be taken.**

Student's Name (please print) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent or Guardian Agreement**

**As the parent or guardian of this student, I have read the Access to Technology Resources' Policy. I understand that this access is designed for educational purposes. I recognize that some controversial materials exist on the Internet. I will not hold the District responsible for materials acquired on the network, and will notify the District if my child does not follow this agreement.**

Parent/Guardian's Name (please print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Once granted, consent will be ongoing through Grades 4K-6 at Parkview Elementary School, 7-8 at Parkview Junior High, and 9-12 at Parkview High School, or until the child's parent/guardian completes and submits a revised Access to Technology Resources' Consent Form. The original Internet Access/Web Page/Newspaper Consent Form will be on file until one of the above conditions occurs.

**APPROVED:** April 25, 2011  
December 21, 2015  
**APRIL 22, 2019**

# Wisconsin Home Language Survey

Student First Name: \_\_\_\_\_ Student Middle Initial: \_\_\_\_\_  
Student Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Date of Administration: \_\_/\_\_/\_\_\_\_

## Parent/Guardian Information

First Name	Last Name	Relationship to Student

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

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

HLS administered by: \_\_\_\_\_, position \_\_\_\_\_

## 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 by 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 the services offered to your child.

## Section 1

1. Was the first language used by this student English?  
Yes: Go to Question 2  
No: Go to Question 3
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: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.
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). HLS is complete. Go to Section 2.  
No: Go to Question 4



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). HLS is complete. Go to Section 2.

No: Go to Question 5

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). HLS is complete. Go to Section 2.

No: Go to Question 6

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). HLS is complete. Go to Section 2.

No: Go to Question 7

7. Is this student a Native American, Native Alaskan, or Native Hawaiian?

Yes: Go to Question 8

No: Go to Question 9

8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 9

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. See EL Policy Handbook. Otherwise, student's ELP should be carried over from the sending district.

No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

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## Section 2

HLS Result: Screen / Do not Screen (circle one)

Language used by student, if identified: \_\_\_\_\_

Parental preference for languages used for school communications (may be multiple):

Parent name: \_\_\_\_\_

Oral: \_\_\_\_\_

Written: \_\_\_\_\_

Parent name: \_\_\_\_\_

Oral: \_\_\_\_\_

Written: \_\_\_\_\_

# Parkview School District

## 2020-2021 Bus Service Request

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<u>Student ID#</u>	<u>Student Name</u>	<u>Grade</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Name: \_\_\_\_\_

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

Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contacts (please provide 3)

<u>Name</u>	<u>Number</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

In an effort to ensure the safety and well-being of the students in the Parkview School District, school bus drivers are required to wait for visual confirmation that there is an adult present at their drop off address before any student in grade 3 or under will be allowed off the bus. A student in grade 3 or under will be allowed off the bus with an older sibling.

\_\_\_ My child has an older sibling and they are allowed to be dropped off with them.

Name(s) of sibling(s): \_\_\_\_\_  
\_\_\_\_\_

**DO NOT fill out the below information if your child will be picked up and dropped off at your home address. AM pickup and PM dropoff will be your home address unless you indicate changes below. The District will transport a student to and/or from his/her babysitter residence only if all of the following criteria are met" a. Written request from child's guardian , b. The child's babysitter must reside along a current, pre-established bus route, c. The bus assigned to this route must have adequate room to accommodate the child and d. No more than a total of two different drop locations will be accommodated. (District Policy 751.1)**

**Pickup Location**

*(Pickup location will be same as above Home Address unless indicated below)*

Owner/Occupant: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Days (Circle all that apply): M T W R F

**Drop-off Location**

*(Dropoff location will be same as above Home Address unless indicated below)*

Owner/Occupant: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Days (Circle all that apply): M T W R F

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Date

# Parkview School District

## PHYSICAL EXAMINATION

Parents: Please complete this top portion before presenting to your physician

Student's Name: \_\_\_\_\_  Male  Female

Birth Date: (mo) \_\_\_\_\_ / (day) \_\_\_\_\_ / (yr) \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Parents, please list any health conditions that may affect your child while in school: (allergies, asthma, etc...)

.....  
.....  
.....  
.....  
.....

### PHYSICAL EXAMINATION

Exam Date:	Height:	Weight:	Vision: R 20/ _____	L 20/ _____
<u>Physical findings which are significant to the school:</u>				
1. Is the child capable of carrying a full program of schoolwork? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Is special seating recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Is there evidence of emotional or behavior problems? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<u>Classification for Physical Education Activities:</u>				
<input type="checkbox"/> Unlimited activity <input type="checkbox"/> Restricted Activity, Explanation:				

Signature of Health Care Provider

Address

Date

Parent/Guardian: Please return this form to school for inclusion in your child's health file.

### STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. State law requires all public and private school students to present written evidence of immunization against certain diseases within 30 school days of admission. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department

**PERSONAL DATA**

PLEASE PRINT

Step 1	Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ( )	

**IMMUNIZATION HISTORY**

Step 2 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
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					
Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)					

**REQUIREMENTS**

Step 3 Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

**COMPLIANCE DATA**

Step 4 **STUDENT MEETS ALL REQUIREMENTS**  
 Sign at Step 5 and return this form to school.  
 \_\_\_\_\_ Or \_\_\_\_\_

**STUDENT DOES NOT MEET ALL REQUIREMENTS**  
 Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th 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 30th 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 may result in exclusion from school, court action and/or forfeiture penalty.**

**WAIVERS** (List in Step 2 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.

\_\_\_\_\_  
 LIST VACCINE(S) WAIVED

**SIGNATURE**

Step 5 This form is complete and accurate to the best of my knowledge. Check one: ( 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.

\_\_\_\_\_  
 SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student      Date Signed