

School District of Amery

543 Minneapolis Avenue South
 Amery, WI 54001
 Phone 715-268-9771
 FAX 715-268-7300

REQUEST FOR RELEASE OF STUDENT RECORDS

Student Name	Date of Birth mm/dd/yyyy	Grade	Parent/Guardian		
School Last Attended	School Address, City, Zip	Telephone	Fax	Effective Date	

Pursuant to Wisconsin Statutes 118.125(4) and Federal Regulations, Section 99.31/34, you are authorized to forward the above student's records (progress and behavioral) by this official notification of student enrollment.

Wisconsin Statute 118.125 PUPIL RECORDS (4) TRANSFER OF RECORDS: A school district shall transfer to another school or school district all pupil records (includes cumulative folder, transcripts, grades, immunizations, and all special education records) relating to a specific pupil if the transferring school district has received written notice from the pupil (if he/she is an adult) or the pupil's parent or guardian (if he/she is a minor) that the pupil intends to enroll in the other school or school district or written notice from the other school or school district that the pupil has enrolled.

Federal Regulation, Section 99.31 Prior consent for disclosure not required.

- (a) An education agency or institution may disclose personally identifiable information from the education records of a student without the written consent of the parent of the student or the eligible student if the disclosure is:
 - (2) To officials of another school or school system in which the student seeks or intends to enroll, subject to the requirements set forth in 99.34.

Section 99.34 Conditions for disclosure to officials of other schools and school systems.

- (a) An educational agency or institution transferring the education records of a student pursuant to 99.31(a)(2) shall:
 - (1) Make a reasonable attempt to notify the parent of the student or the eligible student of the transfer of the records at the last known address of the parent or eligible student, except:
 - (2) When the agency or institution includes a notice in its policies and procedures formulated under 99.5 that it forward education records on request to a school in which a student seeks or intends to enroll; the agency or institution does not have to provide any further notice of the transfer.

PLEASE SEND STUDENT RECORDS TO DESIGNATED ADDRESS(ES) LISTED BELOW	
<input type="checkbox"/>	SEND Student Cumulative Folder To: Lien Elementary School <i>Attn: Student Records</i> 469 Minneapolis Avenue S. Amery, WI 54001 Phone: 715-268-9771 – Ext. 263 Fax: 715-268-5633
<input type="checkbox"/>	SEND Student Cumulative Folder To: Amery Intermediate School <i>Attn: Christy Mancl</i> 543 Minneapolis Avenue S. Amery, WI 54001 Phone: 715-268-9771 – Ext. 277 Fax: 715-268-5612
<input type="checkbox"/>	SEND Student Cumulative Folder To: Amery Middle School <i>Attn: Andrea Yuhas</i> 501 Minneapolis Avenue S. Amery, WI 54001 Phone: 715-268-9771 – Ext. 303 Fax: 715-268-4967
<input type="checkbox"/>	FAX Current Transcript and SEND Student Cumulative Folder To: Amery High School Guidance Office <i>Attn: Susie Thayer</i> 555 Minneapolis Avenue S. Amery, WI 54001 Phone: 715-268-9771 – Ext. 253 Fax: 715-268-6882
<input checked="" type="checkbox"/>	FAX Current IEP, Placement and Most Recent Evaluation (if any) <u>and</u> SEND Special Education Records To: Pupil Services Office <i>Attn: Rachel Downs</i> 543 Minneapolis Ave., Amery, WI 54001 Phone: 715-268-9771 – Ext. 337 Fax: 715-268-5618

The School District of Amery hereby requests that you forward the above requested records.

Susie Thayer, Enrollment Secretary
 thayers@amerysd.k12.wi.us

Date

SCHOOL DISTRICT OF AMERY- ENROLLMENT FORM

Please Print- Please complete both sides of form.

Student Full Legal Name (First Middle Last): _____

Enrolling in Grade: _____ Previous School Name/ Location _____

Date of Birth: _____ Gender: Male Female Primary Phone Number (____) ____ - _____

Student Birthplace: City _____ State _____ County _____

ETHNIC & RACIAL CATEGORY INFORMATION:

1. Is this student Hispanic or Latino? (Check only one) Yes, Hispanic or Latino No, not Hispanic or Latino

2. Is this student: (Choose one or more. You must select at least one):

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

If you are an INTERNATIONAL STUDENT please select your visa type: F1 J1 M1 Other

Student Lives with: Both Parents Father Mother Guardian (Specify) _____

Is there a court order regarding sole custody/ physical custody? Yes No (A current copy MUST be on file in the office.)

PRIMARY Student Residence/Family 1 ***This will be used for the student address***

Street Address: _____ City _____ State ____ Zip _____

Mailing Address: _____ City _____ State ____ Zip _____

Amery School District Resident? Yes No If No, have you applied for Open enrollment? Yes No
Do you? Own/Rent Live with others

List Names of Parent/Guardian that the student **PRIMARILY LIVES WITH:** (If child resides with both parents, list mother first:)

Last Name: _____ First Name: _____ Middle: _____

Mom Dad Step-Parent _____ Primary Phone (____) ____ - _____ Secondary Phone (____) ____ - _____

E-mail address: _____ Employer _____

Work phone: (____) ____ - _____ (x ____) Work E-mail: _____

Last Name: _____ First Name: _____ Middle: _____

Mom Dad Step-Parent _____ Primary Phone (____) ____ - _____ Secondary Phone (____) ____ - _____

E-mail address: _____ Employer _____

Work phone: (____) ____ - _____ (x ____) Work E-mail: _____

SECONDARY Student Residence/Family 2 Send Report Card/Other communication to this address: Yes No

Street Address: _____ City _____ State ____ Zip _____

Mailing Address: _____ City _____ State ____ Zip _____

Parent Information for **SECONDARY** Student Residence: Has custody? Yes No

Last Name: _____ First Name: _____ Middle: _____

Mom Dad Step-Parent _____ Primary Phone (____) ____ - _____ Secondary Phone (____) ____ - _____

E-mail address: _____ Employer _____

Work phone: (____) ____ - _____ (x ____) Work E-mail: _____

Last Name: _____ First Name: _____ Middle: _____

Mom Dad Step-Parent _____ Primary Phone (____) ____ - _____ Secondary Phone (____) ____ - _____

E-mail address: _____ Employer _____

Work phone: (____) ____ - _____ (x ____) Work E-mail: _____

Office Use ONLY:

Student ID _____ Start Date _____ Homeroom _____ Locker # _____ Combination _____

OVER- See page 2

Has your child been enrolled in any special classes or programs at their previous school?

- Special Education/IEP (LD, ID, EBD, S/L)
- Honors/Accelerated/G/T
- Other (Explain): _____
- Reading or Math Assistance (ie: RTI, Title I)
- Section 504 Accommodation Plan
- _____
- Alternative School
- Home School
- _____

Transportation- Please check all that may apply:

Do you plan for your child to: Ride bus Walk Parent Transport Drive self

District notification system: These numbers and e-mail addresses will be used for all informational calls and emergency calls.

Primary Phone (____) _____ - _____ Email 1: _____

Second Phone (____) _____ - _____ Email 2: _____

Third Phone (____) _____ - _____ Email 3: _____

Fourth Phone (____) _____ - _____ Email 4: _____

Emergency Contact Information *Parent/Guardian at Primary Student Residence is always contacted first. Please list other contacts here.* Emergency contacts must live locally and be available to pick up an ill or injured student. Be sure anyone you include knows that they are on your child's emergency contact list.

Name: _____ Address _____

Phone Number (____) _____ - _____ Secondary Number (____) _____ - _____ Relationship _____

Name: _____ Address _____

Phone Number (____) _____ - _____ Secondary Number (____) _____ - _____ Relationship _____

Do the people above have authorization to transport the student? Yes No

PUBLICATION OF SCHOOL-SPONSORED PHOTOS

During the school year, students are photographed for our school yearbooks and may be included in photos or videos highlighting their classroom activities or special programs. In addition to the yearbooks, photos may be used for: school/district newsletters, local newspapers, cable television, and school sponsored web sites or social media.

Parent Initials: I give permission for the school to publish school sponsored photos of my child.

_____ I do not want any photographs used/released of my child.

List all other children living in your household ages newborn through 19 who are not currently enrolled at Amery Schools.

Name (First Middle Last)	Birthdate	Age	Birthplace	M or F

Is either parent or guardian on active duty in the military? Yes No

Is either parent or guardian a traditional member of the Guard or Reserve? Yes No

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? Yes No

Please read and place your initials by each statement below.

- I declare that my son/daughter has not been expelled or was under the process of expulsion, from a previous school district pursuant to Section 120.13(1)(f) of the Wisconsin Statutes. I understand and acknowledge that my failure to provide a true response to this statement is grounds for expulsion of my son/daughter, pursuant to Section 120.13(1)(f) of the Wisconsin Statutes.
- I have the legal authority to enroll this child in school.

The information provided on this form is true and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____

Homeless Liaison: Every school district and charter school must designate an appropriate staff person as the homeless liaison. Homeless liaisons must be able to carry out the duties as required under the McKinney-Vento Act. The homeless liaison is the key to ensuring homeless children and youth receive the services they need, and is the primary contact between homeless families, school and LEA staff, shelter workers, and other service providers. The School District of Amery homeless liaison is Cheryl Meyer: Phone 715-268-9771 ext. 266 or email meyerc@amerysd.k12.wi.us

SCHOOL DISTRICT OF AMERY

Health History

Child's name: _____	Date of birth: _____
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Has your child been diagnosed with any of the following: If yes indicate year diagnosed.

Chicken pox Date	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO
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ADD/ADHD	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Lyme Disease	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Allergies List:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Bee Sting Allergy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Requires epi-pen	<input type="checkbox"/> YES <input type="checkbox"/> NO
Requires benadryl	<input type="checkbox"/> YES <input type="checkbox"/> NO

Migraines	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Pneumonia	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Medications presently taking:

Convulsive Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO
----------	--

Heart Condition	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Bone or Joint Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Bladder/kidney disease	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Lead Poisoning	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Skin condition	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Non-verbal	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Fainting Spells	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Visual problems	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wears glasses	<input type="checkbox"/> YES <input type="checkbox"/> NO
Blind	<input type="checkbox"/> YES <input type="checkbox"/> NO

Hearing Loss	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wears aides	<input type="checkbox"/> YES <input type="checkbox"/> NO

Reaction to allergies - please explain the severity/reaction your child has to bee stings, food, etc:

Surgery and /or Hospitalizations (state year and explain)

Medical conditions and /or emotional or behavioral problems of significance to school personnel:

Are there any restrictions or limitations regarding self care or physical activity?

Parent Signature _____ Date _____

School District of Amery Parent/Guardian Home Language Survey

NAMES/GRADES OF ALL CHILDREN IN SCHOOL			
Name	Grade	Name	Grade

Relationship of Person Completing Survey

Mother Father Guardian Other *Specify*

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate.

- | | English | Other Language(s) | |
|---|--------------------------|--------------------------|-------|
| 1. What language did the child learn when she/he first began to talk? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. What language does the family speak at home most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. What language does the parent(s) speak to her/his child most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. What language does the child speak to her/his parent(s) most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. What language does the child hear and understand in the home? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. What language does the child speak to her/his brothers/sisters? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. What language does the child speak to her/his friends most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | | | |
| | Yes | No | |
| 8. Can an adult family member or extended family member speak English? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Can they read English? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Do the parents/guardians request oral and/or written communication from the school to be in English?
If no, in what language | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

SIGNATURE

Signature of Person Completing Survey

Date Signed

FOR STAFF COMPLETION –TO BE COMPLETED FOR ALL NEW ELL STUDENTS			
ELL File Opened Yes No <input type="checkbox"/> <input type="checkbox"/>	Today's Date	ELL Test Date	Test
ELL Evaluator		ELL Level	Placement

School District of Amery Acceptable Use Policy (AUP) Consent Form

This form must be signed and on file in order to use the Internet, e-mail and other network services

The School District of Amery expects responsible and appropriate use of network services and other technology. Through this consent form, you agree to these terms and permit you or your son/daughter to use the Internet and other District network services.

Key Components:

- The Internet is used for teacher assigned activities only.
- Remote Access (working of files from school at home)
- Student e-mail account includes:
 - Teacher-student correspondence and online collaboration.
 - Student-student correspondence and online collaboration
 - Other teacher authorized activities.
 - All 6-12 students will have Gmail email accounts. All other email services are blocked at school.
- The AUP applies to all school technology including:
 - Printing, computer use, access to software, file storage, etc.

Failure to abide by the attached guidelines may result in disciplinary action, which may include the loss of your network privileges.

Signing this form indicates that I have read the District policy/guidelines
and agree that I/my child will use school technology resources in a responsible manner.

Please contact your building principal with any questions.

Student Name (**print**): _____

Grade Level: _____ Student ID#: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____