

PRESCOTT SCHOOL DISTRICT REQUEST FOR RECORDS FORM

Request for Records

Date: _____

<u>Name of Student</u>	<u>Date of Birth</u>	<u>Grade</u>
_____	_____	_____
Name of School Last Attended: _____		
School Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	
Expected Start Date: _____		

For the Office Use of Previous District:

☐ Yes ☐ No Has the student ever been tested for **SPECIAL ED SERVICES?** ☐ Yes ☐ No **CURRENT IEP?**
☐ Yes ☐ No **DOES STUDENT HAVE A 504?** ☐ Yes ☐ No Has the Student been **EXPELLED** or in the process?

Forward Records to the Appropriate Location Marked Below:

- | | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Malone Elementary School
Grades 4K-3 | 505 N. Campbell Street, Prescott, WI 54021
Phone: 715-262-5463 Fax: 715-262-0052
Contact - Madison Garin (esoffice@prescott.k12.wi.us) |
| <input type="checkbox"/> | Malone Intermediate School
Grades 4 & 5 | 125 N. Elm Street, Prescott, WI 54021
Phone: 715-262-2383 Fax: 715-262-2379
Contact - Kathy Miller (isoffice@prescott.k12.wi.us) |
| <input type="checkbox"/> | Prescott Middle School
Grades 6-8 | 1220 St. Croix Street, Prescott, WI 54021
Phone: 715-262-3961 Fax: 715-262-3965
Contact - Katy Hillebrand (msoffice@prescott.k12.wi.us) |
| <input type="checkbox"/> | Prescott High School
Grades 9-12 | 1010 Dexter Street, Prescott, WI 54021
Phone: 715-262-5389 Fax: 715-262-4888
Contact - Suzi Linder (linders@prescott.k12.wi.us) |
| <input type="checkbox"/> | Student Services
Grades 4K-12 | 1220 St. Croix Street, Prescott, WI 54021
Phone: 715-262-5059 Fax: 715-262-2379
Contact - Tammy Murphy (tmurphy@prescott.k12.wi.us) |

Please Include(if any): Scholastic, Psychological, Special Education (IEP/Evals/504 Plans), Health Records, Transcript, Current Grades, Standardized Test Results, and Limited English Proficiency Help.

PRESCOTT SCHOOL DISTRICT REGISTRATION FORM

District Office
1220 St. Croix Street
Prescott, WI 54021
715.262.5782 Fax 715.262.5091

FIRST DAY OF SCHOOL: _____

GRADE: _____

GENDER: ____ Male ____ Female

STUDENT'S LEGAL NAME (Last) _____ (First) _____
(Middle) _____ (Preferred name, if any) _____

MAILING ADDRESS _____

BIRTHDATE ____/____/____ BIRTHPLACE (City/State/County) _____

If your student was born outside the U.S.: What year did they begin attending a U.S. School? _____

ETHNICITY: Are you Hispanic or Latino? ____ No, not Hispanic or Latino ____ Yes, Hispanic or Latino

SELECT ALL OF THE FOLLOWING CATEGORIES THAT APPLY TO YOU: (You must select at least one of the following)

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

CUSTODIAL PARENT(S) _____

WITH WHOM DOES THE STUDENT LIVE:

____ Both Parents ____ Single Mother ____ Mother/Stepfather ____ 50/50 Physical Placement
____ Guardian ____ Single Father ____ Father/Stepmother ____ Other, explain: _____

Is there a court order on record that we should have? ____ Yes ____ No

HOUSEHOLD 1 (Primary):

HOME ADDRESS _____ HOME PHONE (____) _____

GUARDIAN 1'S NAME (Last) _____ (First) _____

RELATIONSHIP _____ CELL PHONE (____) _____

EMAIL ADDRESS _____ WORK PHONE (____) _____

In the Military: ____ No ____ Yes Date Enlisted: _____ End Date: _____ Status: _____ Branch: _____

GUARDIAN 2'S NAME (Last) _____ (First) _____

RELATIONSHIP _____ CELL PHONE (____) _____

EMAIL ADDRESS _____ WORK PHONE (____) _____

In the Military: ____ No ____ Yes Date Enlisted: _____ End Date: _____ Status: _____ Branch: _____

HOUSEHOLD 2 (Secondary):

HOME ADDRESS _____ HOME PHONE (____) _____

GUARDIAN 1'S NAME (Last) _____ (First) _____

RELATIONSHIP _____ CELL PHONE (____) _____

EMAIL ADDRESS _____ WORK PHONE (____) _____

In the Military: ____ No ____ Yes Date Enlisted: _____ End Date: _____ Status: _____ Branch: _____

GUARDIAN 2'S NAME (Last) _____ (First) _____

RELATIONSHIP _____ CELL PHONE (____) _____

EMAIL ADDRESS _____ WORK PHONE (____) _____

In the Military: ____ No ____ Yes Date Enlisted: _____ End Date: _____ Status: _____ Branch: _____

NAME(S) OF SIBLINGS (First & Last Names)

GENDER (M or F) DATE OF BIRTH (Mo/Da/Yr)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRESCOTT SCHOOL DISTRICT REGISTRATION FORM Cont.**Non Household Emergency Contact (Not Parent) Information**

Parents are always contacted first. Emergency contacts should be available to pick up an ill or injured student. Be sure anyone you put down knows that they are on your student's emergency contact list.

Emergency Contact #1:	Relationship:
Cell Phone:	
Other Phone:	
Emergency Contact #2:	Relationship:
Cell Phone:	
Other Phone:	

☐ Yes ☐ No Has your child ever been tested for **SPECIAL ED SERVICES?** ☐ Yes ☐ No **CURRENT IEP?**

☐ Yes ☐ No **DOES STUDENT HAVE A 504?**

SCHOOL LAST ATTENDED:

School Name: _____ ☐ Public ☐ Private

Address: _____

Phone Number: _____ Fax Number: _____

Any other information you feel we need to know regarding your student:

Please read, and then 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:** _____

If you have changes in any area of this bus information, please contact Heather Christanson at the bus garage. Every student must have a bus form filled out and returned to Malone Schools.

BUS INFORMATION

START DATE: _____

CHILD'S FULL NAME _____ GRADE _____

PARENT'S FULL NAME _____
(Father) (Mother)

ADDRESS _____
Street City Zip Code

NAME OF TOWNSHIP IF APPLICABLE _____

HOME PHONE _____ WORK PHONE DURING DAY _____
(Include area code) (Mother)
(Father)

CELL PHONE _____
(Mother) (Father)

E MAIL _____
(Mother) (Father)

WILL YOUR CHILD BE COMING TO SCHOOL FROM ANY FORM OF CHILDCARE PROVIDER?

Example: Heart, Hands, & Mind; New Adventures, Etc. _____ YES _____ NO

WILL YOUR CHILD BE RETURNING FROM SCHOOL TO ANY FORM OF CHILDCARE PROVIDER?

Example: Heart, Hands, & Mind; New Adventures, Etc. _____ YES _____ NO

IF EITHER OF THE ABOVE ANSWERS ARE YES, PLEASE GIVE THE FOLLOWING INFORMATION:

Name of Childcare Provider Address of Childcare Provider

Childcare Provider's Phone Number _____

IF YOUR ADDRESS REQUIRES SPECIAL ATTENTION, PLEASE ADD INFORMATION ON THE BACK.



Prescott School District Health Form

Student & Parent Information

Student Last Name: _____ Student First Name: _____

Students Date of Birth: _____ Grade Student will be entering: _____

Parent/Guardian Name (#1): _____ Phone Number: _____

Parent/Guardian Name (#2): _____ Phone Number: _____

Medical Care

Primary Care Physician - First & Last Name (MD, DO, NP, PA): _____

Primary Clinic Name (ex: Alina): _____

Preferred Hospital that you prefer your student sent to in case of an emergency
(default is Regina): _____

Over-the-Counter Medications

I give Prescott School District consent to administer the following Over-the-Counter medications to my child during school hours as needed. (Only selected will be administered).

***A note will be sent home with your student at MES & PIS if administered.

We have tablets, chewable and liquid available

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol™) | <input type="checkbox"/> Benadryl Cream |
| <input type="checkbox"/> Ibuprofen (Advil™) | <input type="checkbox"/> Band-aid Cleanser (Hurt Free) |
| <input type="checkbox"/> Diphenhydramine (Benadryl™) | <input type="checkbox"/> Cough Drops (without menthol - halls
breezers/soothers) |
| <input type="checkbox"/> Tums | <input type="checkbox"/> Loratadine (Claritin™) or Cetirizine
(Zyrtec™) |
| <input type="checkbox"/> Hydrocortisone Cream | |
| <input type="checkbox"/> Bacitracin | |

- ☐ **None** - I do **NOT** want any medications administered to my student while at school (even during an emergency)

All Over-the-counter medications will be given in doses in accordance with the American Academy of Pediatrics.

Health Conditions

Please select your student's diagnosed health conditions (select all that apply)

☐ N/A (My child has no medical diagnoses)

- ☐ Allergies (Food)
- ☐ Allergies (Medication)
- ☐ Allergies (Bugs/Insects)
- ☐ Allergies (Latex)
- ☐ Allergies (seasonal)
- ☐ Asthma or Breathing Problems
- ☐ Attention Deficit/Hyperactivity Disorder (ADHD, ADD)
- ☐ Behavioral Concerns (Hitting, biting, spitting, etc.)
- ☐ Developmental Delay
- ☐ Bladder Concerns (incontinence, frequent UTI's, etc.)
- ☐ Bleeding Concerns (disorders, heavy nosebleeds, etc.)
- ☐ Bowel Concerns (incontinence)
- ☐ Problems/Concerns
- ☐ Cerebral Palsy
- ☐ Cystic Fibrosis

- ☐ Dental Problems/Concerns
- ☐ Diabetes (Type 1 or 2)
- ☐ Head injury, concussion (Current or history)
- ☐ Hearing Concerns or deafness
- ☐ Heart Problems/Concerns
- ☐ Mental Health Diagnosis (Anxiety, Depression, OCD, etc.)
- ☐ Muscle Diseases or Syndromes
- ☐ Seizures
- ☐ Sickle Cell Disease
- ☐ Speech Problems
- ☐ Spinal Cord Injury
- ☐ Vision Concerns or blindness
- ☐ Other:

Please list any student allergies (environmental, food or animals/bugs): _____

If any of the above medical conditions were selected or other was selected, please provide additional information about their health condition here. *(i.e. if your child has a mental health diagnosis please specify which one - such as Depression and Anxiety, etc.)* _____

Are there any other health conditions, medications, or special considerations that the school staff needs to be aware of in order to provide the best care to your student? *Please explain below:* _____

Asthma

Does your child have Asthma?

- ☐ Yes
- ☐ No (*Please go to "Diabetes" Next*)

Will your child keep an Inhaler at School?

- ☐ Yes
- ☐ No

Where will your child's Inhaler be kept?

- ☐ Nurse's Office
- ☐ Backpack
- ☐ Locker
- ☐ At Home

Do you have an Asthma Action Plan currently in place?

- ☐ Yes (*Please bring this on back-to-school night*)
- ☐ No (*Please have one filled out and turned into the nurse at your child's school*)

Diabetes

Does your child have Type1 or Type 2 Diabetes?

- ☐ Yes
- ☐ No (*Please go to Allergy & Anaphylaxis Next*)

Which Diabetic Type has your child been diagnosed with?

- ☐ Type 1
- ☐ Type 2

Does your student have a Diabetic Action Plan?

- ☐ Yes (*Please bring this on back to school night*)
- ☐ No (*Please have one filled out and turned into the nurse at your child's school*)

Do you have any questions or requests for the nurses to better manage your student's blood sugars during the school day? _____

Allergy & Anaphylaxis

Does your child require an Epi-Pen or Auvi-Q for a diagnosed allergy?

☐ Yes - Epi-Pen

☐ No (*Please go to Epilepsy/Seizures Next*)

☐ Yes - AuviQ

Does your Child have an Allergy and Anaphylaxis emergency plan?

☐ Yes (*Please bring this on back to school night*)

☐ No (*Please have one filled out and turned into the nurse at your child's school*)

Where will your child's Epi-Pen or Auvi-Q be kept?

☐ Nurse's Office

☐ Locker

☐ Backpack

Epilepsy/Seizures

Does your child have a diagnosis of Epilepsy (Current or hx)?

☐ Yes (Current)

☐ No (*Please go to Daily Medication Next*)

☐ Yes (History)

What type of seizure(s) does your child experience or has your child experienced? When was their last witnessed seizure? (*Grand Mal, Absent, etc.*)

Does your child require emergency seizure medications?

☐ Yes

☐ No

Does your Child have a Seizure Action Plan?

☐ Yes (*Please bring this on back to school night*)

☐ No (*Please have one filled out and turned into the nurse at your child's school*)

Where will your child keep their emergency medications?

☐ Nurse's Office

☐ Locker

☐ Backpack

Daily Medications

Please list any medications (prescription or over the counter) that your student takes Daily or As Needed *(if your child does not take any medications please type N/A or None):*

Will you need your student to take their medication(s) at school?

- ☐ Yes *(please contact the school nurse)*
☐ No

Signature

By signing/submitting this form, you are giving the Prescott School District permission to complete the following:

- Release the provided information to school personnel or emergency medical professionals on a need to know basis (meaning they are providing direct and frequent care for your student).
- Provide basic first aid and care in the health room.
- Call emergency medical professionals (911), in the case of an emergency, on behalf of your child.

Parent/Guardian Signature: _____

Date: _____

Note: If this form was filled out online and signed and there are no custody agreements, when one parent fills it out, the form will be overridden by the nurse to ensure that we have a health form on file. If you would like a paper copy sent home, please reach out to the school nurses.

- Jessica Stute RN (stutej@prescott.k12.wi.us)

- Melanie Charette LPN (charettem@prescott.k12.wi.us)



The Wisconsin Home Language Survey

This survey is given to all students enrolling in Wisconsin Schools.

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 the services offered to your child.

Student Information

Date:		
First Name:	Middle Initial:	Last Name:
School Name:	Grade:	Date of Birth (mm/dd/yyyy):
District:		District ID:
Language(s) Used by the student:		

Parent/Guardian Information:

First Name:
Last Name:
Relationship to Student:
First Name:
Last Name:
Relationship to Student:

Parental/Guardian Language Preferences Used for School Communication (may be multiple):

Parental/Guardian Name: _____

Oral: _____

Written: _____

Parental/Guardian Name: _____

Oral: _____

Written: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

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.

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

**See EL Policy Handbook Chapter 2. Otherwise, student's ELP should be carried over from the sending district.*

Section 2

HLS Result: **Screen / Do Not Screen** (circle one)