

Student's Name: _____ Date/Time Received: _____ AM/PM
Student Id#: _____ Home School: _____ Received by: _____

CHECKLIST FOR 4K REGISTRATION

Verify that the home address is in the DCE attendance area.

- If not, direct to Open Enrollment Process.

Be certain to complete the **Birth Certificate Verification Box** on the DC Individual Student Enrollment Form.

- If family cannot provide the Birth Certificate, have family complete the **Inability to Provide Certified Birth Certificate** Form from the DC District website.

Do not accept the 4K Registration Packet unless all forms have been completed.

All forms are also available on the District 4K web page.

CHECK THE FORMS RECEIVED AND COMPLETED

- ☐ Birth Certificate Verification (Required)
- ☐ DCE 4K Registration Form (Required)
- ☐ District Individual Student Enrollment Form (Required)
- ☐ Home Language Survey (Required)
- ☐ Individual Student/Parent Authorization Agreement (Required)
- ☐ District Household Enrollment Form (Required)
- ☐ 4K New Student School Bus Registration Form (If requested)

Note: Review home address and requested 4K site to ensure that the family is in the busing zone DCE 4K

- ☐ DCE 4K Inclement Weather Release Plan (Required)
- ☐ Student Immunization Record (Required)
- ☐ Parent/Physician Medication Consent Form (If needed)

Student Entered & Enrolled in Campus by: _____ Date: _____



DCE 4K Registration Form



Yog nej muaj lus nug dabtsi thiab xav kom muaj pab txog nej cov menyuam mus nug tau rau ntawm lub tsev kawm ntawv nyob ze nej.

Child's Name _____ Telephone _____
(Last Name) (First Name) (Middle Initial)

Our home elementary school is (check one below)

Evergreen

Hatley

Mountain Bay

Rothschild

Riverside

Weston

Other District (Open enrollment)

Elementary School Boundaries

Enrollment Information

Please select site and session preferences, if any: (see Informational Brochure--please note AM/PM availability)

1st Choice: _____ AM PM Either

2nd Choice: _____ AM PM Either

3rd Choice: _____ AM PM Either

Busing

I will be providing transportation for my child 4K student.

I wish to enroll my child in 4K and need transportation. ****Transportation is only provided for a.m. sessions****
(Site/Session offerings may be limited for those who require transportation.)

I am interested in before and after care at the site requested for 4K yes no maybe

My child currently attends preschool/childcare at: _____

My child currently receives Early Childhood Special Education Services

I am applying for Head Start and I will register at Head Start, 6615 County Road J, Schofield, 54476

Parent Signature: _____ Date: _____



D.C. Everest Area School District

INDIVIDUAL STUDENT ENROLLMENT

OFFICE USE – INITIAL / DATE

☐ Birth Certif. _____
☐ Legal Name _____
☐ Birth Date _____
☐ Birth Place _____

Student ID#: _____

DEMOGRAPHIC INFORMATION FOR ENROLLING STUDENT

Please Print

Today's Date: ____/____/____

Start Date: ____/____/____

Legal Last Name: _____ Legal First Name: _____ Legal Middle Name: _____

Student Nickname (or American Name): _____

Gender: ☐ Male ☐ Female Birth Date: ____/____/____ Age: _____ Grade: _____

Race/Ethnicity: **Please answer both questions.**

1. Is the student Hispanic or Latino? (Choose only one.) ☐ Yes ☐ No
2. Is this student: (Choose **one or more**. You must select at least one.)
☐ White ☐ Asian ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American ☐ American Indian or Alaska Native

Student Birth Country: _____ Student Birth City: _____ Student Birth State: _____

Home Language (language student uses most frequently in the home): _____

Native Language (language student first learned to speak): _____

Has your student been enrolled at least three consecutive years in a U.S. school? ☐ Yes ☐ No

Date student started in US school _____ Name(s) of other DCE student(s) in your household: _____

PARENT(S) IN MILITARY?

Please Print

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

PREVIOUS EDUCATION EXPERIENCE

Please Print

Name of last school attended: _____ Physical Address: _____

Withdrawal Date: _____ Phone #: _____ Fax #: _____

Has this student previously been enrolled in the D.C. Everest School District? ☐ Yes ☐ No When/Year _____

PARTICIPATION IN PROGRAMS

Please check any special programs in which the student has participated:

☐ Special Education/IEP ☐ 504/At Risk ☐ ESL/ELL/EL ☐ Gifted/Talented

Is your student currently assigned a social worker? ☐ Yes ☐ No

If yes, social worker's name: _____ Phone: (____) _____

FIELD TRIPS

Does this student have permission to participate in field trips? ☐ Yes ☐ No

I understand that health services will be provided by unlicensed personnel and not a registered nurse.

Unlicensed staff will provide basic daily medical needs, 911 will be utilized for emergent care.

ADDITIONAL ENROLLMENT INFORMATION

Please Print

Has this student been expelled from any school? ☐ Yes ☐ No

Are there any disciplinary proceedings pending that could lead to expulsion? ☐ Yes ☐ No

Is student homeless? ☐ Yes ☐ No

CUSTODY INFORMATION: ☐ Joint ☐ Mother ☐ Father ☐ Other _____

COURT-ORDERED CUSTODY: ☐ Yes ☐ No (If yes, court order must be on file in the school office to be implemented)

HOME LANGUAGE SURVEY

Please Print

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 6)
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.)

Section 2:

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

Languages other than English used by student, if identified: _____

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

Parent name: _____

Oral: _____

Written: _____

Parent name: _____

Oral: _____

Written: _____

If student is living with someone other than his or her parent, please answer questions in box below.

Student resides with:

Relationship: ☐ Sister ☐ Aunt ☐ Grandmother ☐ Neighbor ☐ Other (specify) _____
☐ Brother ☐ Uncle ☐ Grandfather ☐ Friend ☐ Child Care Provider ☐ Foster Parent

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ ☐ Unlisted Cell Phone: (____) _____

Work Phone: (____) _____ Ext: _____ Email: _____

Reason student is living away from parent(s): _____

Estimated period of time student will reside with person(s) other than parent _____

Location student resides at during the summer: _____

(If this is a court-ordered placement, please attach a copy of the court order to this form)

MEDICAL INFORMATION

Please Print

Please circle any of the following that may apply to your student.

Life Threatening Condition

Anaphylaxis – describe below

Asthma

Diabetes – Type1

Seizure Disorder

Celiac Disease

Cerebral Palsy

Communication Condition

Craniofacial Condition

Crohn's disease

Cyclical Vomiting Syndrome

Cystic Fibrosis

Diabetes – Type 2

Endocrine Condition

Food Intolerance (describe below)

Gastrointestinal Condition

Genetic Condition

Hearing Impaired

Heart Condition

Hydrocephalus - Shunt

Hypoglycemia

Immunosuppressed

Irritable Bowel Syndrome

Kidney or Bladder Condition

Lactose Intolerance

Liver Condition

Migraines/Headaches

Mood Disorder

Neurological Condition

Organ Transplant

Orthopedic Condition

Periodic Fever Syndrome

PKU

Respiratory Condition

Skin Condition

Spina Bifida

Ulcerative Colitis

Other (describe below)

If any health condition was indicated above, please explain, including symptoms, and treatment for conditions.

My student will require medication(s) at school: ☐ Yes ☐ No

If yes, list medication(s): _____

My signature verifies that if my student receives medical treatment and/or is hospitalized during the course of the school day or a school event, his/her name may be released to school district officials to confirm the location of the student. I also give permission for my student's immunization information to be shared between the D.C. Everest School District and the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time in writing.

Signature Required

I verify the information above is correct and current. I will inform the school of any changes in this information.

Parent/Guardian Signature: _____ Date Signed: ____/____/____

The D.C. Everest School Board does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, pregnancy, marital status, parental status, sexual orientation, sex, (including transgender status, change of sex or gender identity), or physical, mental, emotional, or learning disability ("Protected Classes") in any of its student programs and activities. The following staff are designated to receive inquiries regarding the non-discrimination policies: Kimberly Hall, Director of Human Resources, 6300 Alderson Street, Weston, WI 54476, (715) 359-4221, ext. 1225, khall@dce.k12.wi.us or Jack Stoskopf, Assistant Superintendent, 6300 Alderson Street, Weston, WI 54476, (715) 359-4221, ext. 1243, jstoskopf@dce.k12.wi.us.

D.C. Everest Parent Authorization Form 2021-2022

Student Name _____ Grade _____
Please Print

Rights and Responsibilities

☐ I acknowledge that I know how to access the electronic copy of the Student's Rights and Responsibilities Handbook on the District's website. In addition, I agree to familiarize myself with the information and obey the policies contained in this document.

Handbook

☐ I acknowledge the Parent-Student Handbook is available online on my school's website or in print in my school's office.

Fundraiser Participation for Students Under 12

☐ My child has permission to participate in school-sponsored fundraising activities. I understand that students under nine (9) years of age must be physically accompanied by a parent or a person at least sixteen (16) years of age.

Field Trips

☐ I consent for my child to participate in School and/or District approved field trips.

Medical Treatment

☐ I agree if my child receives medical treatment and/or is hospitalized during the course of the school day or a school event, his/her name may be released to school district officials to confirm the location of the student.

Guidelines for Educational Uses of Technology

☐ My child and I agree to the Technology Acceptable Use Policy (7540.03) found under School Board Policies at www.dce.k12.wi.us and agree to abide by it. We also understand that any violation of the policies referenced are unethical and may constitute a violation of law. As a student, if I commit any violation, my access privileges may be revoked, school disciplinary action (including fines) may be taken, and/or appropriate legal action may be pursued. As a parent, I understand that this access is designed for educational purposes. However, I also recognize it is impossible for the school district to restrict access to all controversial materials, and I will not hold the school district or its employees or agents responsible for materials acquired on the Internet. I also understand that I am financially responsible for my student's actions should those actions result in damage to district resources. I hereby give permission for my child to use the networked computer system, which includes filtered Internet access as well as online applications such as, but not limited to, Canvas, Office 365 and Google Apps for Education. I understand that if I have concerns regarding my child's use of technology, I will contact my child's school.

Parent in Military (Required by Wisconsin Department of Instruction)

1. Is either parent or guardian on active duty in the military? ☐ Yes ☐ No
2. Is either parent or guardian a traditional member of the Guard or Reserve? ☐ Yes ☐ No
3. 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

Digital Equity (Required by Wisconsin Department of Instruction)

Internet access in residence: ☐ Yes, access in residence ☐ No, not available ☐ No, not affordable ☐ No, other

Primary learning device used: ☐ Personal device - dedicated ☐ Personal device - shared ☐ School Provided - dedicated
☐ School Provided - Shared ☐ None

Primary digital device at home: ☐ Tablet ☐ Chromebook ☐ Smartphone ☐ None ☐ Other

Primary Internet service used at residence: ☐ Residential Broadband ☐ Cellular Network ☐ School Provided Hot-spot
☐ Satellite ☐ Dial-up ☐ Other ☐ None

Can student stream a video on their learning device without interruption?: ☐ Yes - no issues ☐ Not consistent ☐ No

Senior High School Only

☐ I acknowledge the school's open campus policy regarding student lunch hours and study halls. I understand that the school is not liable for any damages or injuries incurred by the student during this time. Additionally, I understand that if I have concerns regarding my child's participation in this privilege I will contact their counselor.

Parent Signature _____ Date _____

The D.C. Everest School Board does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, pregnancy, marital status, parental status, sexual orientation, sex, (including transgender status, change of sex or gender identity), or physical, mental, emotional, or learning disability ("Protected Classes") in any of its student programs and activities. The following staff are designated to receive inquiries regarding the non-discrimination policies: Kimberly Hall, Director of Human Resources, 6300 Alderson Street, Weston, WI 54476, (715) 359-4221, ext. 1225, khall@dce.k12.wi.us or Matthew Spets, Assistant Superintendent, 6300 Alderson Street, Weston, WI 54476, (715) 359-4221, ext. 1243, mspets@dce.k12.wi.us.



D.C. Everest Area School District

HOUSEHOLD REGISTRATION

Household information shall be filled out once by the parent/guardian at the first registration site. This form must include your child's **legal birth certificate** (for 4K or Kindergarten), which will be viewed and immediately returned to you.

Please note that parent birth date is requested to distinguish between people with the same name.

CHILDREN LIVING IN THE SAME HOUSEHOLD (school age)

Please Print

1st CHILD'S LEGAL NAME:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____ Gender: ☐ Male ☐ Female

School: ☐ Evergreen ☐ Hatley ☐ Mtn. Bay ☐ Riverside ☐ Rothschild ☐ Weston ☐ Middle
☐ Jr. High ☐ Sr. High ☐ Idea Charter ☐ 4K Site _____

2nd CHILD'S LEGAL NAME

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____ Gender: ☐ Male ☐ Female

School: ☐ Evergreen ☐ Hatley ☐ Mtn. Bay ☐ Riverside ☐ Rothschild ☐ Weston ☐ Middle
☐ Jr. High ☐ Sr. High ☐ Idea Charter ☐ 4K Site _____

3rd CHILD'S LEGAL NAME

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____ Gender: ☐ Male ☐ Female

School: ☐ Evergreen ☐ Hatley ☐ Mtn. Bay ☐ Riverside ☐ Rothschild ☐ Weston ☐ Middle
☐ Jr. High ☐ Sr. High ☐ Idea Charter ☐ 4K Site _____

4th CHILD'S LEGAL NAME

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____ Gender: ☐ Male ☐ Female

School: ☐ Evergreen ☐ Hatley ☐ Mtn. Bay ☐ Riverside ☐ Rothschild ☐ Weston ☐ Middle
☐ Jr. High ☐ Sr. High ☐ Idea Charter ☐ 4K Site _____

***Please use an additional sheet of paper if you have additional children to register.**

HOUSEHOLD INFORMATION**Please Print****PRIMARY HOUSEHOLD - (Physical address where children reside 50% or more of the time.)****1st Adult – Primary Contact**Relation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____ Extension: _____

Email 1: _____ Email 2: _____

2nd Adult with the same address as Primary ContactRelation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____ Extension: _____

Email 1: _____ Email 2: _____

SECONDARY HOUSEHOLD – (Not children's primary residence.)**1st Adult**Relation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____ Extension: _____

Email 1: _____ Email 2: _____

2nd Adult living in secondary householdRelation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____ Extension: _____

Email 1: _____ Email 2: _____

EMERGENCY CONTACTS**Please Print**

List contacts in order of preference that you authorize to pick your child up from school in case of emergency, illness or to verify an absence from school if the school is unable to contact a parent or guardian.

1st Emergency Contact

Relation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email 1: _____ Email 2: _____

2nd Emergency Contact

Relation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email 1: _____ Email 2: _____

3rd Emergency Contact

Relation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email 1: _____ Email 2: _____

4th Emergency Contact

Relation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email 1: _____ Email 2: _____

Signature Required

I verify the information above is correct and current. I will inform the school of any changes in this information.

Parent/Guardian Signature: _____

Date Signed: ____/____/____

The D.C. Everest School Board does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, pregnancy, marital status, parental status, sexual orientation, sex, (including transgender status, change of sex or gender identity), or physical, mental, emotional, or learning disability ("Protected Classes") in any of its student programs and activities. The following staff are designated to receive inquiries regarding the non-discrimination policies: Kimberly Hall, Director of Human Resources, 6300 Alderson Street, Weston, WI 54476, (715) 359-4221, ext. 1225, khall@dce.k12.wi.us or Matthew Spets Assistant Superintendent, 6300 Alderson Street, Weston, WI 54476, (715) 359-4221, ext. 1243, mspets@dce.k12.wi.us.

4K New Student School Bus Registration Form

This form is to be filled out at registration and turned in at the 4K agency/provider. We will require an adult that you deem responsible, have **visual contact** of your child when picked up or dropped off by the bus. Please indicate on the space below who this person will be. Please allow up to five 5 working days to process your form. After 5 working days, please contact LAMERS BUS LINES at 715-298-6110 for pick-up and drop-off times and location. All bus run information is developed according to your home address. *If you need transportation to and/or from childcare, please check here (____) and complete the "Request for Transportation Change" form.*

4K Agency/Provider: _____ Date: _____

Parent Last Name: _____ First Name: _____

Visual Contact Person's Last Name: _____ First Name: _____

Home Address: _____

Phone: _____ Start Date: _____

Email address: _____

In case of emergency (if above parent cannot be reached), please contact:

Last Name: _____ First Name: _____ Phone: _____

Child Last Name	Child First Name	School ID #

Dear Parent(s),

Part of our mission at Lamers Bus Lines is to provide for the safety of your child(ren) while on our bus. To help us accomplish this please provide information for your child(ren) regarding any special medical conditions (i.e., diabetes, anaphylactic reactions/allergies, needs special assistance getting on or off the bus, etc.). Any information you provide will be kept confidential and shared only with the child's driver and/or bus monitor.

Child's name: _____

Please describe special conditions: _____

LAMERS
The Passenger Professionals®

LAMERS BUS LINES, INC.

3805 Concord Ave

Weston, WI 54476

Phone: 715-298-6110

40groupSB@golamers.com

DAYCARE ARRANGEMENTS MUST BE RENEWED EVERY SCHOOL YEAR



3805 Concord Avenue • Weston, WI 54476 • Phone: 715-298-6110 • 40groupsb@golamers.com

REQUEST FOR TRANSPORTATION CHANGE

Effective Date: _____ • This is a change of _____ permanent address or _____ sitter/day care information (please select one)

Student Name	Grade	School	School Last Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent Name _____ Home Phone _____

Home Address _____ Work Phone _____

Email address: _____

If you are filing this change because you have moved, please provide your former address:

Sitter/Day Care Must Reside Within Your Same Attendance Area

Name of Sitter or Day Care Center _____ Phone _____

Address of Sitter or Day Care Center _____

Days of the Week to Sitter or Day Care	Pickup: (check)	Mon	Tue	Wed	Thu	Fri
	Dropoff: (check)	Mon	Tue	Wed	Thu	Fri

Transportation will be arranged from/to home address on any unchecked days.

☐ **CHECK HERE IF YOU DO NOT NEED ANY TRANSPORTATION ON UNCHECKED DAYS**

Date change to become effective _____

Please Allow Five Working Days For Approval Or Denial. You Will Be Notified By Email / Mail Of Denial

I, the student's parent/legal guardian, request the changes mentioned above and give Lamers Bus Lines, Inc. legal permission to alter the regular pick-up or drop-off point, and agree to abide by the transportation policy as set forth by the D.C. Everest Board of Education.

Signature of Parent/Guardian _____ Date _____

Approved _____ Denied _____ By _____

Reason for denial _____

DCE 4K INCLEMENT WEATHER RELEASE PLAN

Dear Parents:

We need to be prepared for any emergency school closings. Also, winter is coming and we need to be prepared for inclement weather and possible poor road conditions, which may result in school closing, bus delays, or emergency early dismissal.

- The decision to close schools or delay buses is made by central office administration personnel.
- When the emergency plan to close or delay opening of school occurs, it will be announced over the local radio and TV stations.

Please do not call school and ask if school is closing. We find out the same time the radio stations do. The radio and TV stations will announce when D.C. Everest Schools are closing. (***We are the D.C. Everest Schools – not Wausau or Mosinee.*** There always seems to be some confusion about that.) If school must be closed during the school day, we would like to know what plans **you have made with** your child. Please fill out the form below for **EACH** child and return it to your child's teacher. Please discuss the plan with your child.

It is difficult for students to telephone for instructions at these times – we appreciate a copy of your plan for your child.

.....

PLEASE COMPLETE THIS FORM FOR EACH CHILD.

Student's Name: _____ Grade: _____ Teacher: _____

In case of an emergency school closing during the day, my child should.....

Ride the bus home as usual (Child must be a regular bus rider).

Ride the bus to daycare/sitter as usual.

I will pick my child up.*

My child will be picked up by:* Name: _____

Address: _____

Phone: _____

Other (please specify): _____

***We would appreciate it if students would be picked up as soon as possible after the closing time.**

We thank you for assisting us in keeping your children safe and their anxiety level low.

Signature of Parent

Home Phone

Date

Phone number you can be reached at when emergency closing occurs (if needed): _____

PLEASE RETURN THIS FORM BY THE SECOND FRIDAY IN SEPTEMBER

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 only be waived 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 purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

Step 1 PERSONAL DATA

PLEASE PRINT

Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian		Address (Street, City, State, Zip)		Telephone Number	

Step 2 IMMUNIZATION HISTORY

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 MM/DD/YYYY	SECOND DOSE MM/DD/YYYY	THIRD DOSE MM/DD/YYYY	FOURTH DOSE MM/DD/YYYY	FIFTH DOSE MM/DD/YYYY
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 <i>Vaccine is required only if your child has not had chickenpox disease. See below:</i>					
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)			Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s)		

Step 3 REQUIREMENTS

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

Step 4 COMPLIANCE DATA

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** the 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**, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap, ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella

☐ **For personal conviction reasons**, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella

Step 5 SIGNATURE

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 _____