

Dear Parents/ Guardians,

Please see your child's summary attached and let us know of any changes for the upcoming school year 2023-2024.

We also ask you to fill out bottom of this page.

We appreciate your help and we are very excited for the upcoming school year.

The WISD

Student's name: \_\_\_\_\_

### Health Information

Does this child currently receive Special Education Services? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain which disabilities:

Allergies: Yes \_\_\_\_ No \_\_\_\_ If yes, please list: \_\_\_\_\_

Special health conditions: \_\_\_\_\_

Does this child take any medication? Yes \_\_\_\_ No \_\_\_\_ If yes, please list: \_\_\_\_\_

( If you wish to keep medication at school, please contact the school office for the additional form)

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The WISD does not provide insurance for students but you may purchase accidental insurance through the district. Forms are available at the school office.

### Bus

I would like my child to take a school bus.

Name: \_\_\_\_\_ AM: Yes \_\_\_\_ No \_\_\_\_ PM: Yes \_\_\_\_ No \_\_\_\_

### Parents of Juniors and Seniors:

I give permission for the school district to release my directory data to military recruiters.

Yes \_\_\_\_ No \_\_\_\_

### Parent Authorization

If deemed necessary, your child will be sent to your family doctor or emergency room at parental/guardian's expense.

As a parent/guardian, I authorize medical personnel to render medical treatment to my child and to release to the school the medical facilities to which my child id transferred to and/or admitted.

I give my permission to share the information on the Registration/Emergency Information Sheet with the appropriate WISD personnel to promote the health and safety of my child, thus enhancing his/her ability to learn.

By signing this form, I give permission to share my child's immunization records with the Wisconsin Immunization Registry and my Immunization Provider for the purpose of maintaining a complete and accurate record to assist in assuring full immunization.

YES \_\_\_\_ NO \_\_\_\_

If your child does not have a immunization record in Wisconsin Immunization Registry, please contact the school office for an additional form.

Parent/Guardian Signature (Please initial in place of signature) \_\_\_\_\_

Dated \_\_\_\_\_

**Please complete the questions below as required by Wisconsin Department of Public Instruction**

**Question 1- Internet Access in Residence:** *Can the student access the internet on their primary learning device at home?*

True (Yes)

False (No)

**Question 2- Barrier to Internet Access in Residence:** *If the student is unable to access internet in their primary place of residence, why not?*

Not desired

Not available

Not affordable

Other

**Question 3- Internet Access Type in Residence:** *What is the primary type of internet service used at the residence?*

Residential Broadband ( e.g. DSL, Fixed Wireless, Cable, Fiber )

Cellular Network

Hot Spot ( school provided hot spot or school provided service)

Satellite

Community Provided Wi-Fi

Dial-up

Other

None

Unknown

**Question 4- Internet Performance in Residence:** *Can the student stream a video on their primary learning device without interruption?*

Yes

Sometimes (not consistently)

No

**Question 5- Primary Device Away from School:** *What device does the student most often use to complete school work at home?*

Desktop Computer

None

Laptop Computer

Other

Tablet Chromebook

Smartphone

**Question 6- Primary Learning Device Provider:** *Who provided the primary learning device to the student?*

School

Personal

Other

**Question 7- Primary Learning Device Access:** *Is the primary learning device shared with anyone else in the household?*

Shared Not

Shared

Unknown



## Washington Island School District

888 Main Rd.

Washington Island, WI 54246

Phone: 920-847-2507 Fax: 920-847-2865

Tim Verboomen - Principal

Sue Cornell - Superintendent of Business Services

### Chromebook User Agreement

To meet and exceed the task of providing a relevant and engaging 21<sup>st</sup> Century Learning Experience, the Washington Island School is continuing our “One Student, One Device (1:1) initiative”. This initiative allows each individual student to have a school-owned digital device (chromebook) while at school. In addition, for students grades 3 and up, we provide an option for an additional home use device, free of charge, for the school year.

Use of a school issued chromebook, whether at school or at home, is subject to the Board of Education policy 7540.03 Student Technology Acceptable Use and Safety. This policy can be found on the school website, or a copy can be requested from the office.

In addition, the following guidelines and expectations apply:

- Students are solely responsible for the usage and condition of their assigned device.
- Device usage is for the assigned student only for educational purposes.
- A staff member may at any time, for any reason, inspect settings / contents / software on any device at school or owned by the school, and take whatever action is needed to ensure compliance with acceptable use standards.
- Device access must be protected by a password known only by the student, their parent/guardian(s), and teachers/staff (if necessary). This password must not be shared with any other students.
- The school is obligated to provide technical support for school-owned devices during normal school hours.
- Internet content is filtered on school devices while on the school network. Washington Island School District is not responsible for internet content filtering outside of the school building.
- Failure to follow these guidelines, the Acceptable Use Policy, or irresponsible behavior with a school-owned device, may result in the student’s loss of privileges to use the device.
- Fees for the loss of, and/or damage to, school-owned devices may be assessed at the district’s discretion based on the assessment of such damage or loss by the school’s Technology Coordinator.
- Intentional removal or attempted removal of any device labels including, but not limited to, student names, serial numbers, product labels, etc., are considered vandalism and/or attempted theft of school property.

*I understand and agree to the above referenced policies, guidelines and expectations. I have also reviewed and explained the responsibilities and consequences under this contractual initiative to my child/children.*

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

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

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

An additional device for home is also available free of charge for each student grades 3 and up. This device is to remain at home for use by the assigned student for educational purposes. All of the above guidelines and expectations apply to home use devices. Please sign below if you would like to take advantage of this program.

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

**Washington Island School**  
**2023-2024**  
**Media Permission Form**

Dear Parent/Guardian,

During the school year, staff of the Washington Island School and media representatives may want to interview, photograph or videotape your child for use in publications, television reports, public presentations and websites. The photographs may be of groups of students or individuals, and the students' names may be used. For student protection online, a student's photo and last name will not appear together on school or District websites.

Please complete the section below and return the form to the school office.  
Thank you for your cooperation in helping us highlight the good work and efforts of our learners and instructors.

**Please check one:**

\_\_\_\_\_ I give permission for my child to be photographed and interviewed and permission to have my child's name used. Only first names will be used on a school or District webpage if a photograph of the student is also displayed on the webpage.

\_\_\_\_\_ I give permission for my child to be photographed, but **do not** want my child's name used.

\_\_\_\_\_ I **do not** want my child photographed or interviewed and do not want his or her name used.

Child's name \_\_\_\_\_

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

Today's Date \_\_\_\_\_

Selections on this form will expire on August 31, 2024.