



# Washington Island School

888 MAIN RD., Washington Island, WI 54246  
Phone: 920-847-2507  
Fax: 920-880-1594  
Website: island.k12.wi.us

Date received: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Start Date: \_\_\_\_\_

## Student Information

Child's Full Legal Name: \_\_\_\_\_  
Last Name First Name Middle  
Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Gender: \_\_\_\_\_  
City/ State County  
Ethnicity: Part 1 Please select one Hispanic/Latino Non-Hispanic/Latino Part 2 Select all that apply/ Must select at least one  
American Indian/Alaska Native Asian White Native Hawaiian/Other Pacific Islander Black/ African American

## Home Information

Child's Home Address: \_\_\_\_\_  
Student Cell Phone Number: \_\_\_\_\_ Parents: Married Divorced Separated Single  
Custody: Mother Father Joint Other  
Student lives with: Mother Father Both parent one household Both parents separate households

## Parent/Guardian #1 Information

NAME: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Legal Guardian: Yes No  
Address ( if different than students): \_\_\_\_\_  
Phone Number: Cell: \_\_\_\_\_ Landline: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer: \_\_\_\_\_ Email address: \_\_\_\_\_

## Parent/Guardian #2 Information

NAME: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Legal Guardian: Yes No  
Address ( if different than students): \_\_\_\_\_  
Phone Number: Cell: \_\_\_\_\_ Landline: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer: \_\_\_\_\_ Email address: \_\_\_\_\_

## Additional Mailings

Is there another parent or legal guardian who would like to receive school mailings? Yes No

Name Mailing Address Email Address

## Guardian Alert

Is there someone who should NOT pick your child up as school? Yes No Please explain: \_\_\_\_\_

## Last School Attended

Last school (or district) this child attended: \_\_\_\_\_

Address City, State, Zip

## Communication

I would like to receive emergency text messaging from the school. I understand additional charges may apply based on my personal plan.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Yes No

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Yes No

## Health Information

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

Interpreter Needed: Yes No

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.

## Emergency Contact Information (outside of legal parents and guardians)

Please list other people who could pick your child up and be contacted regarding your child's matter.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child \_\_\_\_\_

## Census Information

Please list members of your *immediate* household also living at this address: (Include all ages birth through 21)

Name:	Date of Birth	Relationship to Child	School Attending ( if school age)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 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.

I do I do NOT give permission to share my child's current immunization records and as they are updated in the future with Wisconsin Immunization Registry (WIR)

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 \_\_\_\_\_ Dated \_\_\_\_\_

The above signature acknowledge that I have read and consent to all of the above.

**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**  
**2024-2025**  
**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, 2025.



# **Washington Island School District**

**888 Main Road Washington Island, Wisconsin 54246**

**Phone: 920-847-2507**

*Tim Verboomen - Principal/Director of Curriculum-Instruction*

*Sue Cornell - Administrator of Business Services*

August 2024

Dear Parents,

You may know that the Washington Island School District has been participating in the E-rate program for number of years. The E-rate program is a Federal program which provides schools and libraries across the country with substantial discounts on their technology services.

These discounts reduce the costs of our telephone service, Internet access, and the internal connections we use to build and maintain the computer networks that link our classrooms. The size of the discounts which we receive is based the income level of our student's families. Our local public library also benefits since it shares our discount rate. Discounts also save the district and taxpayers a substantial amount of money.

We need your help qualifying for the largest discount allowable by providing us with some very general information. Please take a minute to fill out and return the attached survey to the front office. **This information will remain confidential and will be reported only as a total group, not by individual families, and will not be used for any purpose other than E-rate.**

Thank you for your participation in helping Washington Island School stretch its resources to best serve all our students. If you have any questions, please call our office at 920-847-2507.

Thank you,

Sue Cornell and Tim Verboomen



# Washington Island School District

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Tim Verboomen - Principal/Director of Curriculum-Instruction

Sue Cornell - Administrator of Business Services

E-Rate Family Survey – 2024/2025

Please complete and return the survey below. It is important that you return this form to us even if your income does not meet any of these criteria in order for the survey to be considered a valid measure.

Family Name: \_\_\_\_\_

Number of Children attending the WISD: \_\_\_\_\_

Return completed survey in enclosed envelope to: front office of Washington Island School District. Remember, the results of this survey will be kept confidential.

<b>Instructions:</b> Your household size is the total number of people, including all children and adults, related and un-related, that live in a single dwelling and share income and expenses. Please mark your household size and then select the applicable yearly total household income range under the number of people in the household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be <u>before</u> any deductions for taxes, insurance, medical expenses, child support, etc.																
Household Size	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4		<input type="checkbox"/> 5		<input type="checkbox"/> 6		<input type="checkbox"/> 7		<input type="checkbox"/> 8	
Income Range	<input type="checkbox"/>	\$0 up to \$26,973.00	<input type="checkbox"/>	\$0 up to \$36,482.00	<input type="checkbox"/>	\$0 up to \$45,991.00	<input type="checkbox"/>	\$0 up to \$55,500.00	<input type="checkbox"/>	\$0 up to \$65,009.00	<input type="checkbox"/>	\$0 up to \$74,518.00	<input type="checkbox"/>	\$0 up to \$84,027.00	<input type="checkbox"/>	\$0 up to \$93,536.00
	<input type="checkbox"/>	\$26,973.01 or more	<input type="checkbox"/>	\$36,482.01 or more	<input type="checkbox"/>	\$45,991.01 or more	<input type="checkbox"/>	\$55,500.01 or more	<input type="checkbox"/>	\$65,009.01 or more	<input type="checkbox"/>	\$74,518.01 or more	<input type="checkbox"/>	\$84,027.01 or more	<input type="checkbox"/>	\$93,536.01 or more
If your household has 9 or more people, please enter your information here:							Household Size:		<input type="text"/>		Yearly Household Income:		\$ <input type="text"/>			

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ANNOTATION OF BIRTH FACTS ABSTRACTED FROM  
CERTIFIED COPY OF BIRTH CERTIFICATE**

Name of Organization/Agency/School \_\_\_\_\_

It is illegal in the State of Wisconsin to photocopy a vital record and use it as legal proof of birth. The abstractor should verify the following features of the legal certified copy before accepting it as a legal copy of the birth certificate:

Check all three before accepting this document:

- Raised Seal of Registrar (not a notary seal on a photocopy)
- Signature of Official that Issued Certificate and Date of Issuance
- Watermark (chain link which can be seen when held up to the light, issue date 2000 and after)

The following birth facts were abstracted from a certified copy of a birth certificate (with registrar's raised seal, signature, date of issuance, and watermark) which was presented /sent to me:

1. Child's Name (First Name) : (Full Middle Name) : (Last Name) : (Title, e.g., Jr.)	
2. Date of Birth (Month, Day, Year)	3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Name of Mother Listed (First Name) : (Middle Name) : (Last Name)	
5. Name of Father Listed (First Name) : (Middle Name) : (Last Name)	
6. Place of Birth Country : State : City, Village, Town : County <input type="checkbox"/> USA or Specify:	
7. Certified Copy of Birth Certificate Issued by <input type="checkbox"/> State Registrar Office <input type="checkbox"/> Local Registrar Office: <input type="checkbox"/> U.S. Dept of State (FS 240 or DS 1350): <input type="checkbox"/> Other (Foreign Country):	8. Date of Issuance (Month, Day, Year)
9. Date Certified Copy of Birth Certificate Presented to Office (Month, Day, Year)	10 Certified Copy of Birth Certificate Presented/Sent by (Name of Parent or Other Person)
<b>Certification Statement:</b> <b>I affirm that, to the best of my knowledge and belief, I accurately abstracted the information listed on this form from a <u>certified copy</u> of the birth certificate presented as proof of identity for the above-listed child. I returned the certified copy of the birth certificate to the person who presented it/sent it.</b>	
Signature	Date Signed (Month, Day, Year)