



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

Request for Student Records

Date of Request: _____

Originating School or Institution

Name of Previous School or Agency: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Student's Information

Legal Name:	Last	_____
	First	_____
	Middle	_____

Birth Date: _____

Grade Level: _____ Last date of attendance (approx.): _____

Signature of Parent/Guardian (if available) _____

The following records are hereby requested:

- | | |
|--|--|
| <input type="checkbox"/> Transcripts or report cards | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> English Language (ELL) test score (if applicable) | <input type="checkbox"/> Health / medical records |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Sports physical documentation |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Psychological records |
| <input type="checkbox"/> Individual Literacy Plan (if applicable) | <input type="checkbox"/> Sociological records |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> 504 Plan (if applicable) | <input type="checkbox"/> Other _____ |

Signature of Requesting School Representative:

Signature	Title	Date
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PLEASE MAIL TO:

Washington Island School
 888 Main Rd
 Washington Island, WI 54246
 920-847-2507
 sue.cornell@island,k12.us

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.



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 21st 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.

**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)
<p>Certification Statement: 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.</p>	
Signature	Date Signed (Month, Day, Year)
➤	