

Dear Parents/ Guardians,

Please see your child's summary attached and correct 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