

**2017-2018 District Enrollment Packet For NEW FAMILIES** (4/5/17)

**Welcome to the Independence School District!**



**ONE FORM PER FAMILY. Please Return To:**

Independence School District 23786 Indee Blvd. Independence, WI 54747  
 Fax: 715-985-2303 Email: [klimekp@indps.k12.wi.us](mailto:klimekp@indps.k12.wi.us) Drop Box located outside main door  
 Hours: 7:30-3:30 Monday-Friday (Summer Hours: Monday-Thursday 7:30-3:30)

\*\*If you do not live within the Independence School District boundaries you must complete an Open Enrollment Form online found here: <https://dpi.wi.gov/open-enrollment>

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

(Please contact the school to update this information *throughout the year* as necessary)

**Student and Family Information (Section 1)**

NAME OF ALL CHILDREN IN HOUSEHOLD - Please include all children from ages 0 to 21

First, Middle, and Last Name	Grade	Birthdate	Place of Birth: (City)	County	State

**Education History. List the names, location, and dates of all other schools your child(ren) have attended:**

Child's Name	School Name	Location	Dates attended

**Part One:** Are your children Hispanic/Latino? (Must choose one) | Hispanic/Latino | Not Hispanic/Latino  
**Part Two:** Select one or more of the following categories that apply to these children. | American Indian or Alaska Native | Asian | Black or African American | Native Hawaiian or other Pacific Islander | White  
 If children in your family are of different races, make a brief notation next to each child's name. Ask for assistance, if needed.

Child's first (native) language?	English _____	Spanish _____	Other _____	(Please specify)
Language your child usually speaks?	English _____	Spanish _____	Other _____	(Please specify)
Primary language spoken at home?	English _____	Spanish _____	Other _____	(Please specify)
Primary language spoken by parent(s)?	English _____	Spanish _____	Other _____	(Please specify)
<b>**Do you need an interpreter?</b>	YES _____	NO _____		
<b>**Do written documents need to be translated?</b>	YES _____	NO _____		

Home Phone: \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Is this a permanent household address? \_\_\_\_ YES \_\_\_\_ NO If No please explain: \_\_\_\_\_

Father's E-Mail Address: \_\_\_\_\_ Mother's E-Mail Address: \_\_\_\_\_

**Student(s) Live With:**

First Name:	Last Name:	father	mother	guardian	Employer:	Work Phone:
1.						
2.						

**Non-Custodial Parent not listed above:**

First Name:	Last Name:	Relationship: (father, mother, guardian)	Full Address:	Work Phone:
1.				
2.				

Should duplicate copies of report cards and other student records be sent to the non-custodial parent? \_\_\_Yes \_\_\_No

\*If answer is "Yes," please supply address of non-custodial parent in box above.

Does the non-custodial parent wish to attend parent/teacher conferences? \_\_\_ Yes \_\_\_ No

**COURT ORDERS:** Are there any court orders restricting the release of information to non custodial parent? \_\_\_Yes \_\_\_No

If Yes, Explain: \_\_\_\_\_

Note: Please attach a CERTIFIED COPY of the court orders pertaining to the two previous questions.

**EMERGENCY CONTACTS:** List at least three local adults whom we can contact in the event that your child becomes sick or injured at school and needs to leave. Be sure that these people have been informed of their responsibility.

First Name:	Last Name:	Relationship: (Relative, Friend, Neighbor, etc.)	Daytime Telephone:
1.			
2.			
3.			

**Transportation Needs (Section 2):**

\_\_\_\_ I would like my child to ride the school bus to/from the home address listed above.

\_\_\_\_ I plan to arrange private transportation for my child to/from school.

**Early Dismissal/Inclement Weather**

Please list the name, and phone number of a person where your child might go in case of early dismissal for inclement weather. If they are to go home please list 'HOME'.

First Name:	Last Name:	Address:	Daytime Telephone:

### Student Health (Section 3)

YES	NO	CONDITION	If YES, STUDENT'S NAME:
		Asthma (check one): ___Mild ___Moderate ___Severe Cause_____ Reaction_____	
		*Inhaler in Health Office (with correctly sized spacer)	
		*Epi-Pen in Health Office	
		Food Allergies: Cause_____ Reaction_____	
		Other Allergies: Cause_____ Reaction_____	
		Severe reaction to insect stings. Cause_____ Reaction_____	
		Diabetes (describe):	
		Seizures (describe): Emergency Medication	
		Emotional Problems (describe)	
		ADD/ADHD	
		Glasses/Contacts needed for Vision	
		Hearing Loss (describe)	
		Migraines/Headaches (describe)	
		Heart Condition (describe)	
		Digestive or dietary conditions (describe)	
		Physical limitations (please describe)	
		Student is taking medication at home that the school needs to be aware of. List medications.	

Physician's Name: \_\_\_\_\_ Hospital/Clinic \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Are Immunization Records Up to Date? \_\_\_YES \_\_\_NO

\*\*4K Children must also submit confirmation of a vision, health and dental health check

**Student Medication Information** is protected by HIPPA Privacy Act and/or the Family Education Rights and Privacy Act (FERPA with additional protection afforded by Wisconsin Statutes 118.25(2m)(a)(b) and 146.82-146.83.

- Per district policy, **students are not permitted to carry medications.** See Health Assistant for details
- **Prescription Medication** (provided by parent/guardian): A 'Medication Consent Form' must be signed and dated by the parent/guardian AND health care practitioner.
- **Over The Counter Medication:** A 'Medication Consent Form' must be signed and dated by the parent/guardian. A health care practitioner is not required IF the dosage/frequency requested is per label directions.

The parent/guardian signature below allows the school to share student health concern information with school staff members, bus drivers, and coaches/advisors that may come in contact with the student.

Parent Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

## Grades 6-12 Technology/Computer Use (Section 4)

As the parent/guardian, my signature indicates I have read, and will abide by this Digital Learning Initiative Responsible Use Policy as well as the Responsible Use of Technology Policy (363.2), and give my permission for my child(ren) to have access to the described electronic resources.

- At school and at home
- At school only

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Other (Sections 5)

- \_\_\_\_ YES \_\_\_\_ NO     **EMERGENCY AUTHORIZATIONS** In case of accident, serious illness, or emergency, and I cannot be reached, I authorize the school principal or school personnel to take my child to the nearest available practicing physician or dentist for treatment. I further authorize the principal or school personnel to render first aid if he or she deems it necessary.
- \_\_\_\_ YES \_\_\_\_ NO     **PUBLICIZING PICTURES/SCHOOL WORK** understand that my child/children's picture or school work may appear in school newsletters, the Trempealeau County Times, and school web pages and grant permission for my child's/children's photo or school work to appear there.
- \_\_\_\_ YES \_\_\_\_ NO     **FIELD TRIPS** I grant my child/children permission to attend any field trip sponsored by the school and use the emergency contact information on this form if necessary. General field trip information will be sent home when a field trip is scheduled. **If you wish to be contacted each time your child is scheduled to attend a school sponsored field trip and grant specific permission, please check NO)**
- \_\_\_\_ YES \_\_\_\_ NO     **HANDBOOKS** I acknowledge that my children and I are aware of and will abide by the Independence School District Student Handbook(s) for their grade level(s).
- \_\_\_\_ YES \_\_\_\_ NO     **INSURANCE** I acknowledge that I have been made aware of insurance options for my children and acknowledge that I have adequate insurance to provide coverage for our children in case of an accident.
- \_\_\_\_ YES \_\_\_\_ NO     **MILITARY** One or both parents are on active duty in a branch of the US Military. If yes, describe:
- 

By signing below, I verify that all the information provided in this registration packet is accurate and verifiable to the best of my knowledge.

Signed (Parent or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

*Non Discrimination Statement: The Independence School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person/people has/have been designated to handle inquiries regarding the nondiscrimination policies: Barry Schmitt Superintendent 23786 Indee Blvd. Independence, WI 54747 715-985-3172 ext. #102 [schmittb@indps.k12.wi.us](mailto:schmittb@indps.k12.wi.us).*

*Directory Data. The School District of Independence, pursuant to the US General Education Provisions Act and the Wisconsin Pupil Records Law, declares the following as "directory information" as provided in said act and law, and information relating to students may be made public if said information is in any of the following categories: Student's name, Student's grade level, Participation in officially recognized activities and sports.*

**Fees** (\*2016-17 prices/subject to change) (Section 6)

Please write a **SEPARATE CHECK** to 'Independence School District' or 'ISD' for each **AFTER JULY 1**

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**Breakfast and Lunch Grades 4K-12**

(Federal Free/Reduced Lunch Program forms are available )

Daily	5 Days=	10 Days=	30 Days=
Elementary Lunch \$2.30	\$11.50	\$23.00	\$69.00
Elementary Breakfast \$1.25	\$6.25	\$12.50	\$37.50
Milk .30	\$1.50	\$3.00	\$9.00
Middle School Lunch \$2.60	\$13.00	\$26.00	\$78.00
Middle and High School Breakfast \$1.50	\$7.50	\$15.00	\$45.00
High School Lunch \$2.65	\$13.25	\$26.50	\$79.50

- Lunch/Breakfast--Paid\_\_\_\_\_ Check Number\_\_\_\_\_

**CHECKS CAN ONLY BE ACCEPTED AFTER JULY 1ST**

**Annual Class Dues for High School**

(exemptions for families that qualify for the Federal Free/Reduced Lunch Program)

\$10.00

- High School Class Dues--Paid\_\_\_\_\_ Check Number\_\_\_\_\_

**CHECKS CAN ONLY BE ACCEPTED AFTER JULY 1ST**

**Athletic Fee for High School**

\$50 per sport/\$100 per student maximum/\$150 per family maximum (\*subject to change)

(exemptions for families that qualify for the Federal Free/Reduced Lunch Program)

Student Name	Name of Activity	Fee

- High School Athletic Fee Paid\_\_\_\_\_ Check Number\_\_\_\_\_

**CHECKS CAN ONLY BE ACCEPTED AFTER JULY 1ST**

**Band Rental for Middle and High School**

Student Name	Instrument	Fee

- Band Rental Fee Paid\_\_\_\_\_ Check Number\_\_\_\_\_

**CHECKS CAN ONLY BE ACCEPTED AFTER JULY 1ST**

**BIRTH CERTIFICATE VERIFICATION (Section 7)**

Parents must bring in an original birth certificate and a staff member will complete the required form.

**Video/Audio Permission Form-Student Teacher in the classroom/EdTPA (Section 8)**

Your student may have a college level student teacher in their classroom this year. To become a teacher in Wisconsin, the student teacher must show they are ready to teach by:

- Planning lessons
- Teaching and video/audio recording lessons
- Grading student work

Some of this will be shared with trained reviewers outside the school. It may also be used to train other student teachers, faculty and staff. Student names will be removed from the work.

If you give permission below your student may appear in video/audio recordings. If you do not give permission, your child will still participate in the lessons but will be seated out of camera range.

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

I am the parent/legal guardian of the student named above. I have received and read the letter above and agree to the following (Please check appropriate box):

- I DO give permission to include my student in video/audio recordings. I understand the recordings will be shared with trained reviewers outside the school. It may also be used to train other student teachers, faculty and staff.
- I DO NOT give permission to video/audio record my student.

Signature of Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_

*For Office Use Only*

Date Registration Form received and initials of staff member ____/____/____	Dates records requested from previous school and initials of staff member making request ____/____/____	In folder given to family OR shared separately ____ Supply list ____ Handbook ____ After July 1- Free/Reduced Lunch application ____ Athletic handbook ____ Bullying report forms ____ School picture information ____ Transportation change form ____ Insurance Waiver ____ IF 4K-Vision, Health, Dental forms & H Start ____ Immunizations received ____ Med consent forms received if necessary	____ Locker assigned ____ Lunch number assigned ____ Classroom teacher(s) notified ____ Infinite Campus/Mastery Connect Access ____ Fees Collected (SEPARATE CHECKS) ____ Technology Coordinator notified <small>(computer &amp; accounts)</small> ____ State ID ____ Tour ____ Bussing arranged and communicated
Date Registration Form entered into Infinite Campus ____/____/____	Date student to begin at Independence School District _____		



# Independence School District

23786 Indee Blvd., Independence, WI 54747  
(715) 985-3172

Bärry Schmitt  
District Administrator  
9-12 Principal

Robert Vanderloop  
PreK-8 Principal  
Director of Special Education

Dawn Woychik  
Director of Curriculum & Instruction  
Guidance Counseling

Melissa Pientok  
Technology Integration Specialist  
Enrichment Coordinator

## Student Record Request

Send Records to: Independence School District 23786 Indee Blvd. Independence, WI 54747  
Fax: 715-985-2303 Email: halamap@indps.k12.wi.us

Date of Request \_\_\_\_\_ Start Date \_\_\_\_\_

### Previous School Information

School Name:  
School Phone:

Full Address:  
School Fax:

Name of Student(s)	Current Grade	Date of Birth

Please fax/email the records checked below as soon as possible.  
Then mail all files to the address listed above.

<input type="checkbox"/> Transcripts/Report Cards	<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Behavior/Expulsion Records	<input type="checkbox"/> Achievement Test Results
<input type="checkbox"/> Class Schedule for MS/HS	<input type="checkbox"/> 504 Plan
<input type="checkbox"/> Current IEP/Most Recent Eval/Parent Consent for Placement	<input type="checkbox"/> Expulsion orders
<input type="checkbox"/> Grades In Progress	<input type="checkbox"/> ELL Records (ACCESS Scores, ELL Plan)
<p>Has this student committed any acts of violence against persons or property?          ____YES: __students __staff __property ____NO          *If yes, please contact our principals at the number above with details</p>	<p>Is this student eligible for athletic and co-curricular activities under your policies? ____YES ____NO          *If yes, please contact our principals at the number above with details</p>

In accordance with the Family Education Rights and Privacy Act (FERPA, Federal Register, Ch.34, Part 99.31, educational agencies and institutions are to disclose education records, without consent, to another institution so long as the disclosure is for purposes related to the student's enrollment or transfer.

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

\_\_\_\_\_  
Name of School Personnel Requesting Records

**Pape School Bus Inc.**  
**2017-2018 Student Transportation Contract**

[papeschoolbus@gmail.com](mailto:papeschoolbus@gmail.com) / 1-715-985-3688

*(Please use a separate form for each child)*

Name:			
Grade:		School:	

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Information:

		(____)		-	
Name		Phone Number			
		(____)		-	
Name		Phone Number			

**Student Transportation Contract must be completed before your child will be transported**  
*(2 business day processing time)*

AM Pick Up Location

Mon	
Tues	
Wed	
Thurs	
Fri	

PM Drop Off Location

Mon	
Tues	
Wed	
Thurs	
Fri	

My child does not need *morning* bus

My child does not need *afternoon* bus

transportation at this time

transportation at this time

**By completing the Student Transportation Contract, both the parent and the student are agreeing to the rules and policies stated within the School Handbook.**

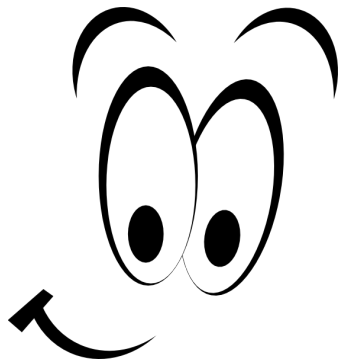
\_\_\_\_\_  
**Parent Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

***\*\*This Section For Transportation Department Use Only\*\****

Date Received _____ / _____ / _____	Date Processed _____ / _____ / _____
AM Bus # _____	School Notified _____ / _____ / _____
Noon Bus # _____	Parent Notified _____ / _____ / _____
PM Bus # _____	<input type="checkbox"/> 4K/EC AM <input type="checkbox"/> 4K/EC PM <input type="checkbox"/> Special Needs <input type="checkbox"/> Wheelchair <input type="checkbox"/> Car Seat





**We look forward to seeing you for:**  
*(If you cannot attend please contact us at 715-985-3172)*

**High School Athletic Code Meeting**  
**Monday July 31, 2017 7:00pm**  
*Handbook review, Turn in Forms, Fees*

**Registration Day**  
**Wednesday, August 9, 2017 12:00-7:00**  
**for ALL 4K-12 INDEE STUDENTS AND PARENTS**  
*Handbooks, Meal Payment, Athletic and Organization Information,  
Schedule and Locker Information for grades 6-12, Indee Wear Shop, Fall Conference Set Up,  
Medication drop off, Transportation Information, Indee Pride Yard Sign Pick Up*

**Family Learning Day**  
**Wednesday, August 30, 2017 12:00-7:00**  
**for ALL 4K-12 INDEE STUDENTS AND PARENTS**  
*Meet your teachers, School photos for all grades (including seniors), See your classrooms and organize your supplies,  
Pick up computers (6-12) if all forms are submitted*

**First Day of School-September 1, 2017**  
*It's going to be the Best Year Ever!*



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