



4K Enrollment Forms

Please complete in addition to the
District Enrollment Packet

Formularios Para Inscripción 4K

Favor de completar además del Paquete de Inscripción
del Distrito

(4/5/17)



Independence School District

23786 Indee Blvd., Independence, WI 54747

(715) 985-3172

FAX (715) 985-2303

www.indps.k12.wi.us

Barry 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

April 4th, 2017

FOUR YEAR-OLD KINDERGARTEN REGISTRATION

Registration for next year's Four-Year-Old Kindergarten will take place on **Wednesday, April 5th, at any time between the hours of 4 p.m. and 6 p.m.** and **Friday, April 7th, at anytime between the hours of 9 a.m. and 3 p.m.** Please bring the following materials with you.

- **A certified copy of your child's birth certificate. (We will return this document to you after we have copied the necessary information for enrollment.)**
- **Immunization records**
- **An emergency/medical/child custody form (enclosed with this letter)**
- **An attendance and transportation questionnaire (enclosed with this letter)**

You may also bring the following items with you (or return them BEFORE the first day of school):

- **A completed health examination form (enclosed with this letter)**
- **A completed dental health form (enclosed with this letter)**

We are planning to offer morning and afternoon sessions four days a week, Monday through Thursday. We try to honor parent requests on a first-come, first-served basis, provided we are not duplicating a.m. and p.m. routes throughout the district during noon break.

Pape Bus Service and Western Dairyland Head Start Agency will again provide bus transportation to students who attend school and Head Start.

Please feel free to call me at 715-985-3172 Ext. 104 with any questions you may have about our program.

With Indee Pride,

Robert Vanderloop
PK-8 Principal/Director of Special Education

Attachments



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4 de Marzo de 2017

INSCRIPCIÓN DE KINDER DE CUATRO AÑOS

La inscripción para Kindergarten de Cuatro Años (4K) del próximo año será el **Miércoles, 5 de Abril, entre las horas de 4:00 pm hasta 6:00 pm, y Viernes, 7 de Abril, entre las horas de 9:00 am hasta 3:00 pm. puede venir en cualquier momento durante estas horas.** Favor de traer los siguientes materiales con usted:

- **Una copia certificada del acta de nacimiento de su hijo. (Le devolveremos este documento después de copiar la información necesaria para la inscripción.)**
- **Registros de vacunación**
- **Una forma de custodia de emergencia / médica / niño (adjunto a esta carta)**
- **El cuestionario de asistencia y transporte (adjunto a esta carta)**

También puede llevar los siguientes documentos con usted (o devolverlos ANTES del primer día de clases):

- **Una forma de examen de salud completo (adjunto a esta carta)**
- **Un formulario de salud dental completo (adjunto a esta carta)**

Nosotros estamos planeando ofrecer sesiones de mañana y tarde cuatro días a la semana, de lunes a jueves. Tratamos de satisfacer las solicitudes de los padres en un primer llegado, primer servido, siempre y cuando no estemos duplicando las rutas de transporte de las clases de la mañana y la tarde durante el hora del mediodía.

El Servicio de Autobuses de Pape Service Bus y la Agencia Western Dairyland de Head Start volverán a proporcionar el transporte en autobús para los estudiantes que asisten a la escuela y Head Start.

Por favor no dude en llamarme al 985-3172 Ext. 104 con cualquier pregunta que pueda tener acerca de nuestro programa.

Con orgullo Indee,

Robert Vanderloop
Director PK-8 / Director de Educación Especial

INDEPENDENCE PUBLIC SCHOOL

23786 Indee Blvd, Independence, WI 54747

715-985-3172, FX 715-985-2303

READINESS FOR SCHOOL/SCHOOL HEALTH EXAMINATION

Today's Date _____

TO BE FILLED IN BY THE PARENT OR GUARDIAN BEFORE THE EXAMINATION BY DOCTOR:

Child's Name _____ Sex _____ Grade _____

Child's Date of Birth _____ Place of Birth _____

Address _____ Phone Number _____

Father's Name _____ Mother's Name _____

Siblings: Name _____ Age _____ Name _____ Age _____
 Name _____ Age _____ Name _____ Age _____

IMMUNIZATIONS: (record month, day and year)

TYPE OF VACCINE	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td(Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)*					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					
Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> Yes _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)			*Hib vaccine is only required for children in licensed day care centers. Do <u>not</u> report the dates your child received Hib vaccine on this form.		

Tuberculin test _____ Date _____

RECORD OF ILLNESSES: (record date if possible)

- Chicken Pox Diphtheria Rubella Measles Poliomyelitis
 Rheumatic Fever Tuberculosis Whooping Cough Asthma Hay Fever
 Tonsillitis Eczema Scarlet Fever Smallpox Typhoid Fever
 Kidney Appendicitis Sinusitis Bronchitis
 Other Illnesses Injuries
 Operations Epilepsy Medication

Is child on any medication schedule? _____ If so, what? _____



MEDICAL EXAMINATION: (to be filled in by physician)

Eyes _____

Hearing _____

Nasal _____

Lungs _____

Throat _____

Posture _____

Feet _____

Hernia _____

Blood Count _____

Urinalysis _____

Skin Condition _____

Heart _____

Neuromuscular Coordination _____

Mental and Emotional _____

Height _____ Weight _____

Recommendation: _____

To the parent or guardian _____

To the school _____

To the nurse _____

May child take physical education? _____

Are there any physical restrictions? _____

Examining Physician _____ Date _____

State of Wisconsin
Department of Regulation and Licensing
KINDERGARTEN EYE HEALTH EXAMINATION REPORT

Student's Name _____ Birth Date _____ Sex _____
Parent or Guardian _____ Phone _____
Address _____ County _____
School/Kindergarten _____ City _____
Date entering Kindergarten _____

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

- Brief history (general health and eye health) of the child, including family history
- General external observation of the child's eyes and surrounding structures
- Ophthalmoscopic examination through an undilated pupil
- Gross measurement of peripheral vision
- Evaluation of eye coordination and function (alignment and motility)
- Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: Yes No

Date of examination:

Doctor/Physician Signature:

Print or stamp:

Doctor/Physician Name

Address

Phone

IMPORTANT NOTICE TO PARENTS

This examination is not required by law. Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats.

Disclosure of this information is voluntary and there is no penalty for non-compliance.

You are encouraged to provide a copy of this form to the school and keep a copy for your record.

Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature _____

Date _____



**INDEPENDENCE PUBLIC SCHOOL
DENTAL HEALTH FORM**

Child's Name _____

Address _____ Phone _____

Teacher _____ Grade _____

To the Parent or Guardian:

A child's teeth should last a lifetime. Maintenance of dental health calls for good prevention practices. The American Dental Association recommends daily brushing and flossing, limiting intake of sweets, and checkups at the dentist's office every six months.

For the Dentist:

A. I have examined the teeth of the above child and found no fillings, extractions or cleanings needed.

B. I have completed the necessary dental work for this child.

C. Recommendations: _____

Date _____ Signed _____

Attendance and Transportation Questionnaire

Enrollment Information:

Parent(s) name: _____

Child's name: _____

Which section of 4K do you prefer? _____ AM _____ PM

Do you plan to enroll your child in Head Start? _____ Yes _____ No

Please note that if your child is enrolled in Head Start, the Elementary Principal and Head Start Director will assign the student to am or pm session. Parents who provide their own child's transportation during the noon break may select morning or afternoon placement. Parents who must rely on the school to transport their child during the noon break may indicate a preference, but are NOT guaranteed placement in morning or afternoon sessions. In most cases, we will try to honor parent requests on a first come-first served basis, provided that we are not duplicating a.m. and p.m. routes throughout all of the rural valleys of our district. Busing will only be provided to children living in the Independence School District.

How will your child get to or from school?

_____ I will be providing my own transportation for my child before and after school.

_____ My child will take advantage of bus transportation with Pape Bus Service in the morning before school, and after school, if he/she attends the AM session.

_____ My child will take advantage of bus transportation with Pape Bus Service in the morning before school but will be attending Head Start in the afternoon and will ride the Head Start bus after school, if he/she attends the AM session.

_____ My child will take advantage of bus transportation with Pape Bus Service in the afternoon before and after school, if he/she attends the PM session.

_____ My child will ride the Head Start bus to school and then take advantage of bus transportation with Pape Bus Service after school, if he/she attends the PM session.

Información de Inscripción:

Nombres de padres: _____

Nombre del niño: _____

¿Qué sección de 4K le gusta más? _____ AM _____ PM

¿Tiene planes de inscribir a su hijo en Head Start? _____ Si _____ No

Tenga en cuenta que si su hijo está inscrito en Head Start, el Director de la Escuela Primaria y Director de Head Start se asignarán al estudiante a una sesión de la mañana o la tarde. Los padres que proporcionan transporte de su propio hijo durante el descanso del mediodía pueden seleccionar la sesión de la mañana o la tarde. Los padres que deben depender de la escuela para el transporte de sus hijos durante el descanso del mediodía pueden indicar una preferencia, pero no se garantiza la colocación en horario de mañana o de la tarde. En la mayoría de los casos, vamos a tratar de satisfacer las solicitudes de los padres en orden delegada, primer servido, siempre y cuando no estemos duplicando rutas de la mañana y tarde a lo largo de todos los valles rurales de nuestro distrito. La oportunidad de llevar el bus sólo se proporcionará a los niños que viven en el Distrito Escolar de Independence.

¿Cómo va su hijo llegar o salir de la escuela?

_____ Yo voy a provenir mi propio medio de transporte para mi hijo antes y después de la escuela.

_____ Mi niño va a utilizar el transporte de autobús con Pape Service Bus en la mañana antes de la escuela, y después de la escuela, si él / ella asiste a la sesión de la mañana.

_____ Mi niño va a utilizar el transporte de autobús con Pape Service Bus en la mañana antes de la escuela, pero será asistir a Head Start en la tarde y tendrá viajar en el autobús de Head Start después de la escuela, si él / ella asiste a la sesión de la mañana.

_____ Mi hijo va a utilizar el transporte de autobús con Pape Service Bus en la tarde antes y después de la escuela, si él / ella asiste a la sesión de la tarde.

_____ Mi niño va a viajar en el autobús de Head Start a la escuela y luego utilizar el transporte de autobús con Pape Servicio autobús después de la escuela, si él / ella asiste a la sesión de la tarde.

Pape School Bus Inc.
2017-2018 Student Transportation Contract

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

PM Drop Off Location

Mon	
Tues	
Wed	
Thurs	
Fri	

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