

4K Enrollment Forms

Please complete in addition to the
District Registration Form

Formularios de inscripción para 4K

Por favor complete además del
Formulario de registro del distrito

- 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)
- Una copia certificada del certificado de nacimiento de su hijo(a). (Le devolveremos este documento después de que hayamos copiado la información necesaria para la inscripción)

- Immunization records
- Registros de inmunización

- A completed Health Examination (see form)
- Un examen de salud completo (ver formulario)

- A completed Dental Health Examination (see form)
- Un examen de salud dental completo (ver formulario)

- A completed Eye Health Examination (see form)
- Un examen de salud ocular completo (ver formulario)

- Pape School Bus Transportation Form
- Formulario de transporte del autobús escolar Pape

- A District Registration Form
- Un formulario de registro del distrito

Thank You

We are glad you are here!

Gracias

¡Estamos contentos de que estés aquí!

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.

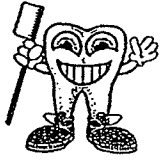
Disclosure of this information is voluntary and there is no penalty for non-compliance.

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 _____

NEW FAMILIES ONLY-- OR FAMILIES WITH CHANGES

Pape School Bus Inc. 2018-2019 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 transportation at this time

My child does not need *afternoon* bus 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

Pape Colegio Bus Inc.
Contrato de Transporte Estudiantil 2018-2019

papeschoolbus@gmail.com / 1-715-985-3688
 (por favor utilice un formulario para cada niño)

Nombre:			
Grado:		Escuela:	

Domicile: _____

Teléfono de Casa: (____) _____ - _____

Información de Padres/Tutores:

		(____)		-	
Nombre		Número de Teléfono			
		(____)		-	
Nombre		Número de Teléfono			

El Contrato de Transporte Estudiantil debe completarse antes de que su hijo sea transportado
 (2 días laborales para procesar)

Ubicación de parada en la Mañana

Lunes	
Martes	
Miércoles	
Jueves	
Viernes	

Ubicación de parada en la Tarde

Lunes	Mon	
Martes	Tues	
Miércoles	Wed	
Jueves	Thurs	
Viernes	Fri	

Mi hijo no necesita transporte por la mañana en este momento.

Mi hijo no necesita transporte por la tarde en este momento.

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

Firma de Padres/Tutores Signatura

____/____/_____
Fecha

This Section For Transportation Department Use Only			
Date Received	____/____/____	Date Processed	____/____/____
AM Bus #	_____	School Notified	____/____/____
Noon Bus #	_____	Parent Notified	____/____/____

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.