



Weyauwega-Fremont School District

Request of Student Records

Date of Enrollment: _____

Name of School Student is withdrawing from: _____

Address: _____

Fax Number: _____ Telephone Number: _____

The following student, _____

Grade _____, Birth date _____ has enrolled in the School District of Weyauwega-Fremont (#6384). Please forward all progress, behavioral, psychological and immunization records. It is understood that school personnel, in accordance with State Statute 118.125 will use this information in strict confidence. Please fax transcripts, schedule and grades as soon as possible with the cumulative folder to be mailed to:

Weyauwega- Fremont School District, (Attention: Marge Loehrke)

P.O. Box 580

Weyauwega, WI 54983-0580

Telephone – 920-867-8865 Fax- 920-867-8875 E-mail- mloehrke@wfsd.k12.wi.us

If the student is receiving Special Education Services please fax latest IEP and Evaluation ASAP to:

Weyauwega-Fremont School District, (Attention: Jill Hughes)

P.O. Box 580

Weyauwega, WI 54983-0580

Telephone - 920-867-8821 Fax- 920-867-8896 E-mail- jhughes@wfsd.k12.wi.us

Parental permission is no longer required when authorized school personnel request records. (*Family Education Rights and Privacy Act. Federal Register, PL 94-142 ch 34, part 99.31*).

Wisconsin Statute 118.124 (4)- Transfer of Records. Within five (5) working days, a school district shall transfer to another school or school district all pupil records relating to a specific pupil if he or she is an adult or his or her school or school district or written notice from the school or school district that the pupil has enrolled or from a court that legal custody of the pupil has been transferred to the department of health and social services for placement in a juvenile correctional facility.



Weyauwega-Fremont School District

Student Registration Form

Student Last Name: _____ First Name: _____ Middle Name: _____

A copy of birth certificate must be provided with registration.

Date of Birth: _____

Grade: _____

Gender: _____

Birth City: _____

Birth State: _____

Birth County _____

Language Student speaks: _____

Language spoken at home: _____

Students Full Address: _____

City, Township, Village of where student resides: _____

County student resides: _____

- Has this student volunteered withdrawn from a previous school prior to an expulsion?
- If yes please explain: _____
- Has this student been expelled from a previous school?
- If yes, please explain: _____

Does this student have an IEP? _____ (If yes, please bring a copy of the IEP with you)



Weyauwega-Fremont School District

Student Last Name: _____ First Name: _____ Middle Name: _____

1. Is this student Hispanic or Latino? (Choose only one)

(Please circle the correct answer)

a. No, not Hispanic or Latino

b. Yes, Hispanic or Latino

2. Is this student (Choose all that apply)

a. American Indian or Alaska Native

b. Asian

c. Black or African American

d. Native Hawaiian or other Pacific Islander

e. White

Family Physician: _____ Telephone Number: _____

Family Dentist: _____ Telephone Number: _____

Preferred Hospital: _____

Health Insurance Company: _____ Insurance Numbers: _____

Address: _____ Telephone Number: _____

Medications student is presently taking: _____

Allergies: _____

Pertinent Health Conditions: _____

Parent Signature: _____ Date: _____



Weyauwega-Fremont School District

Family/Guardian Information

Student Last Name: _____ First Name: _____ Middle Name: _____

Name of Parent/Guardian student will be living with: _____

Mother/Guardian full name: _____

Address: _____

Home phone: _____

Cell phone: _____

Work phone: _____

E-mail address: _____

Father/Guardian full name: _____

Address: _____

Home phone: _____

Cell phone: _____

Work phone: _____

E-mail address: _____

Emergency contact full name: _____

Address: _____

Home phone: _____

Cell phone: _____

Work phone: _____

E-mail address: _____

Parent Signature: _____ Date: _____



Weyauwega-Fremont School District

Parent/Guardian in Military Form

Is either parent or guardian on active duty in the military? _____

Is either parent or guardian a traditional member of the Guard or Reserve? _____

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or fulltime
National Guard under Title 32? _____

Parent Signature: _____ Date: _____



Weyauwega-Fremont School District

Permission Form

Student Last Name: _____ First Name: _____ Middle Name: _____

Field Trips: I hereby give my permission for my child to attend any scheduled field trip either in the district or out of the district. It is my understanding that my child's teacher will notify me in advance of any upcoming field trips. If I decide that I do not want my child to attend the scheduled field trip, I can notify my child's teacher in writing or by a telephone call at least twenty-four (24) hours prior to the scheduled field trip so other arrangements can be made for my child to attend his/her regular schedule classes.

Yes No (please circle one)

Picture/Image: I hereby give my permission for my child's picture or image and full name to be used in school publications, newsletters or newspapers.

Yes No (please circle one)

Internet Policy: Parents/Guardians and students have read the School District of Weyauwega Acceptable Use Policy and agree to abide by the provisions. We understand that violations of the use provisions stated in the policy may constitute suspension or revocation of internet services.

(Please circle one)

Yes Internet Usage -As parent/guardian of the minor student I grant permission for my

Child to independently access internet services.

No Internet Usage- As parent/guardian of the minor student I do not grant permission for My child to independently access internet services. I understand the school will Attempt to enforce this with my child, but it will be my child's responsibility to follow My directives.

Parent Signature: _____ Date: _____



Weyauwega-Fremont School District

Progress Report Option

The parents and students of the Weyauwega-Fremont School District are encouraged to frequently access the internet and review student academic progress through the Skyward Family Access portal located on the district website at, www.wegafremont.k12.wi.us. The portals are located under the Students and Families menus and provide instant feedback with the speed of technology. Your child's report card will be mailed to your home address. Below are two options related to reporting student progress.

Circle "Yes" to monitor your child's progress using the District parent portal.

Circle "No" if you do not have internet access and would like mid-quarter progress reports mailed via the U. S. Postal Service.

(Please circle
one)

Yes – I will monitor my child's progress through Skyward on the internet

No – Please mail a hard copy via the postal service, I do not have internet access

Print Student Name _____

Parent Signature: _____ Date: _____



Weyauwega-Fremont School District

Home Language Form

Student Last Name: _____ First Name: _____ Middle Name: _____

In order to comply with state requirements and assist the Weyauwega-Fremont School District in communicating with the home, please answer the following questions about your child's language.

Directions: For each of the following six questions, please fill in the appropriate answer.

1. What language did your child speak when he or she began to talk? _____
2. What language does your child speak at home? _____
3. What language does your child speak with his or her friends? _____
4. What language do you or other parents/guardians use when speaking to your child? _____
5. Is there an adult in the home who can read English? _____
 - a. If not, what language can be read? _____
6. Do you want a translator available at school conferences? _____

Parent Signature: _____ Date: _____



Weyauwega-Fremont School District Health Form

Student Last Name: _____ First Name: _____

MI: _____ Date of Birth: _____ Parent/Guardian

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Ext: _____

Emergency Contact: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Ext: _____

Please answer the following and provide comments as necessary.

| Condition | Yes | No | Comments |
|----------------------------------|-----|----|----------|
| Allergies (food, insects, drugs) | | | |
| Allergies (seasonal) | | | |
| Asthma or breathing problems | | | |
| ADD/ADHD | | | |
| Behavioral problems | | | |
| Bladder problem | | | |
| Bleeding problem | | | |
| Broken bones | | | |
| Bowel problem | | | |
| Cancer history | | | |
| Chicken pox | | | |
| Dental problems | | | |
| Developmental issues | | | |
| Diabetes | | | |
| Dietary Restrictions | | | |
| Headaches (severe) | | | |
| Head Injury history | | | |
| Hearing problems or deafness | | | |
| Heart problems | | | |
| Lead poisoning | | | |
| Pneumonia | | | |
| Seizures | | | |
| Skin rashes | | | |
| Speech problems | | | |
| Stomach aches | | | |
| Strep throat | | | |
| Surgeries | | | |
| Vision problems | | | |
| Whooping Cough | | | |

CONTINUED ON OTHER SIDE



Weyauwega-Fremont School District Health Form

Please list any medications your child is taking (prescription/over-the-counter/herbal).

Will this medication need to be administered at school? {If yes, please take pink medication form/complete parent section/obtain physician signature). _____

Does your child require preferential seating in the classroom? _____

Does your child have a limit on his or her participation in the classroom? {If yes, please explain).

Activities: _____

Physical Education: _____

Name of primary care physician: _____ Phone number: _____

Name(s) of specialist: _____ Phone number: _____
_____ Phone number: _____

Name of Dentist: _____ Phone number: _____

- If your child has severe allergies requiring Epi-pen administration, asthma, diabetes or seizure disorder, please complete appropriate form and return to school office before the start of the school year.

Please note any other issues/health concerns you have regarding your child in the space below.

Please have the school nurse call me at (phone number) _____ to discuss health concerns.

Parent Signature: _____ Date: _____



Weyauwega-Fremont School District

Bus Transportation Request

Date: _____

| Student Name | Date of Birth | Grade | School Name |
|--------------|---------------|-------|-------------|
| | | | |
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| | | | |
| | | | |
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| | | | |

Parent's Name: _____ Phone Number: _____

Student's Address: _____

Date bussing is to start: _____

Neighbors that ride the bus: _____

Previous property owner or property owner:



Rules for Bus Riders

1. Students are required to be at the bus stop 10 minutes **PRIOR** to the arrival of the bus.
2. Students that are not waiting for the bus, drivers are instructed **NOT** to stop but to proceed with the completion of their routes.
3. If your children are not riding the school bus, please call the transportation office at (920) 867-8943, a minimum of twenty (20) minutes before your child's scheduled pick-up-time.
4. Not all buses are equipped with crossing gates. These were installed for the safety of our children while loading and unloading. Bus riders are encouraged not to come in contact with the gate while loading and unloading. Otherwise, this may result in disciplinary action against the student. Our primary concern is always the safety of our students.
5. The bus is an extension of the classroom. All rules that apply in the classroom apply on the bus, in addition to the general list posted in the front of each bus.

Bus Permits

1. The Transportation Supervisor must approve any changes in drop-off or pick-up points only at least 24 hours in advance.
2. Building secretaries can also write bus passes with proper written notification of changes from parent or guardian. Drivers have been instructed not to honor handwritten requests by parents. The drivers are allowed to accept bus permits only.
3. Students will not be allowed to ride a different bus home with their friends for overnight stays, birthday parties, etc., without the expressed permission of the Transportation Supervisor.
4. Students who do not qualify for bus transportation will not be issued bus permits.