River Valley High School
660 Varsity Blvd. Spring Green, WI 53588
Phone: 608-588-2554 - Fax: 608-588-2827
www.rvschools.org

Home of the Blackhawks
Darby Blakley, Principal
Lucas Thatcher, Administrative Building Coordinator
dblakley@rvschools.org - lthatcher@rvschools.org

# REQUEST FOR PUPIL RECORDS

Date: ______________________

The following student(s) has enrolled in the River Valley School District:

______________________________________________________________

______ Grade ______ Enrollment Date ______ Parent/Guardian Signature

School District where current Pupil Records reside:

______________________________________________________________

______ Address ______ Phone Number ______ Fax Number

Pursuant to Wisconsin Statutes 118.125 (4) and Federal Regulations, Section 99.31/34, you are authorized to forward the above student's records **(progress, behavioral, medical/immunizations, & Special Education/504)** to the River Valley School District within 5 working days.

Please indicate if the above student(s) are under an expulsion ruling or has an expulsion pending. ☐

Thank you,

River Valley High School Counseling Department

**Forward Student Records to:**
River Valley High School
660 Varsity Boulevard
Spring Green, WI 53588
ATTN: Counseling Department
Telephone: (608)588-2554
Fax: (608) 588-2827

**Parental permission is no longer required when records are requested by authorized school personnel. (Wisconsin Statute 118.125(4) - Transfer of Records).**

# River Valley High School
## Registration and Pupil Information

| Grade entering: |
|---|

### STUDENT INFORMATION

| **Legal** Last Name | **Legal** First Name | Middle Name | Other name student uses |
|---|---|---|---|
| Date of Birth: | Birthplace (list City and State and County) | Gender M F | Language at Home | Student Primary Language |
| Physical Address | | City | Zip Code |
| Mailing Address (if different) | | Primary/Landline Phone | County of Residence |

→ 1. **For research & reporting to the DPI , please indicate ethnic category:** Is your child Hispanic or Latino ☐ Yes ☐ No

→ 2. **Select the racial category(s) that apply to your child** (check all that are applicable):

- ☐ **American Indian or Alaska Native**-A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment
- ☐ **Asian**-A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- ☐ **Black or African American**-A person having origins in any of the black racial groups of Africa. Terms such as 'Haitian', or 'Negro' can be used in addition to 'Black or African American
- ☐ **Native Hawaiian or Other Pacific Islander**-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ **White**-A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### FAMILY INFORMATION: **Who does student live with?**

☐ Both Parents ☐ Both parents alternately ☐ Mother only ☐ Father only

☐ Family Member/Relative ☐ Parent w/step-parent/significant other ☐ Foster/Adoptive Parent

****If biological parents live in separate households and there is any court paperwork showing custodial rights, please provide****

**In what school district is your address located?** ______________________________

### HOUSEHOLD #1 - PRIMARY RESIDENCE *(list each adult separately)*

| **1ST ADULT IN HOUSE – INFORMATION** | | |
|---|---|---|
| First & Last Name: | | Relationship To Student: ☐ Biological Parent ☐ Other (please state) - |
| Cell Phone: | Email (list primary used): | |
| Employer: | Work Phone: | Hours at work (ex: 7:30-4:00) |
| **2nd ADULT IN HOUSE – INFORMATION (Spouse, significant other, relative, etc. – list other adult to reflect who also resides at this address)** | | |
| First & Last Name: | | Relationship to Student: ☐ Biological Parent ☐ Other (please state) - |
| Cell Phone: | Email (list primary used): | |
| Employer: | Work Phone: | Hours at work (ex: 7:30-4:00) |

### HOUSEHOLD #2 - For separated households - List other biological parent information here (regardless if custodial or non-custodial) *(In the event any of this information is unknown – provide a NAME at absolute minimum) Reminder to provide custodial paperwork.*

| **1st ADULT IN HOUSEHOLD #2 - INFORMATION** | | |
|---|---|---|
| First & Last Name: | | Relationship to Student: ☐ Biological Parent – Custodial? ☐ Yes ☐ No ☐ Other (please state) - |
| Address: | Email: | |
| Landline: | Cell Phone: | |
| Employer: | Work Phone: | Hours at work: (ex: 7:30 to 4:00) |
| **2nd ADULT IN HOUSEHOLD #2 – INFORMATION** | | |
| First & Last Name: | | Relationship to Student: ☐ Biological Parent – Custodial? ☐ Yes ☐ No ☐ Other (please state) - |
| Landline: | Cell Phone: | |
| Employer: | Work Phone: | Hours at work: (ex: 7:30 to 4:00) |

**** This document is two-sided ****

**Other children in your family:**

| | Name | Age | Grade | | Name | Age | Grade |
|---|---|---|---|---|---|---|---|
| 1. | | | | 4. | | | |
| 2. | | | | 5. | | | |
| 3. | | | | 6. | | | |

**PARENT IN MILITARY? (PLEASE ANSWER ALL 3 QUESTIONS)**

☐YES ☐NO Is either parent or guardian on active duty in the military?

☐YES ☐NO Is either parent or guardian a traditional member of the Guard or Reserve?

☐YES ☐NO Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?

## EMERGENCY CONTACT INFORMATION

***DO NOT LIST PARENT NAME HERE! – parents will always be contacted first***

In case of an emergency, which parent listed above should be contacted first?____________________

The following person(s) have been contacted by me and have agreed to be responsible for my child in my absence. In the event of an emergency they shall act in my behalf. Please list names **OTHER** than parents.

1. ____________________ Relation:__________ Phone: __________ Work:__________
2. ____________________ Relation:__________ Phone: __________ Work:__________

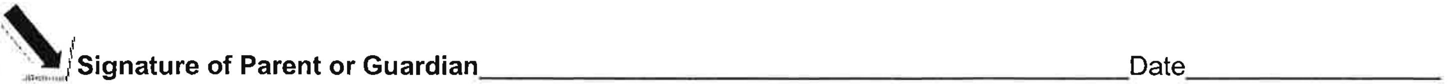
**Family Physician:** __________ **Physician's Phone:** ____________________

**Hospital you prefer, if needed:** ______________________________

**Health Insurance Carrier:** ____________________ **Policy #:** ____________________

☐ No Insurance Coverage

**I hereby authorize the school principal, nurse, or staff member to contact the above named physician or, if not available, an alternate physician, and to obtain emergency treatment for my child, if needed, if I or the other designated contact persons cannot be reached. I also understand that the school does not provide accident insurance for students. I give my permission to share this information with the appropriate school and medical personnel.**



**Signature of Parent or Guardian**______________________________Date__________

## TRANSFER STUDENTS ONLY

**SCHOOL INFORMATION**

Name of last school attended: ______________________________

Street Address/State/Zip: ______________________________

- Are there any legal or court orders involving your student that the school should be aware of? Yes No
  If yes, explain.______________________________
- Has the student ever been expelled from school? Yes No (If Yes, please list the year/school from which the student was expelled.)
  School______________________________Year__________

**Was your child in any special programs?☐Yes ☐No** **Does your child have a current IEP?☐Yes ☐No**

**Education Placement History/Special Education Status** *(Please check all that apply)*

☐ Specific Learning Disabilities ☐ Speech & Language ☐ Vision Impairment
☐ Emotional Behavioral Disabilities ☐ Occupational Therapy ☐ Title One/Chapter One
☐ Cognitive Disabilities ☐ Other Health Impairment ☐ Section 504

The River Valley School District does not discriminate on the basis of gender, race, color, national origin, ancestry, religion, creed, sex, age, pregnancy, marital or parental status, sexual orientation, or disability in its programs and activities and provides equal access to the Boy Scouts and other designated groups. The following people have been designated to handle inquiries regarding non-discrimination policies: Brian Krey, Business Manager, 660 W Daley Street, Spring Green WI 53588, 608-588-2551 bkrey@rvschools.org & Lisa Kjos, Pupil Services Director, 660 Varsity Blvd., Spring Green, WI 53588, 608-588-2554, lkjos@rvschools.org.

HEALTH SURVEY / INFORMATION:

This information must be updated annually to ensure our records are current.

Student Name: DOB: Grade:

| YES ☑ | NO ☑ | |
|---|---|---|
| | | Severe reaction to insect stings? If yes, cause, reaction and treatment: |
| | | Food allergies? If yes, cause, reaction and treatment: |
| | | Other allergies? If yes, cause, reaction and treatment: |
| | | *Epi-pen at School: ☐ In school Health Office ☐ With Student (requires Physician and parent Signature) |
| | | Asthma? If yes, check one: ☐ Mild ☐ Moderate ☐ Severe<br>Cause & Reaction: |
| | | *Inhaler at School: ☐ In school Health Office ☐ With Student (requires physician and parent signature) |
| | | Heart Condition? If yes, treatments and/or restrictions: |
| | | Vision loss? (not corrected by glasses) If yes, describe: |
| | | Hearing loss? If yes, describe: Hearing Aid(s): |
| | | Emotional problems? (i.e. ADD, ADHD, depression, anxiety) If yes, describe: |
| | | Diabetes? If yes, describe: Insulin Pump: CGM: |
| | | Seizures? If yes, describe: Treatment: |
| | | Migraines / Headaches? If yes, describe: Treatment: |
| | | Physical limitations? If yes, describe: |
| | | Student takes medication at home? If yes, list medication(s): |
| | | Student will take medication at school? If yes, list medication(s): |
| | | Medication Name: |
| | | Medication Name: |
| | | Any new immunizations received? If yes, complete with date: |
| | | • Varicella: __________ • Tdap: __________ • Td: __________ • Other: __________ |

***Students who require prescription or over the counter medication during school hours must have a current medication consent form completed and signed by their parent/guardian and/or medical practitioner.** Students who have asthma, seizures, diabetes, or severe allergic reaction are recommended to fill out an action plan and signed by parent/guardian and/or medical practitioner. This form must be submitted to the office prior to medication being administered or taken at school. Medication must come in the original container and be appropriately labeled. **Forms can be found on the district website or in the school office.**

Additional Pertinent Medical Information:

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.

Signature: Date:

# RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street, Spring Green, Wisconsin 53588

Phone: 608-588-2551 FAX: 608-588-2558

## Home Language Survey -- to be completed for all new students

| Parent/Guardian Information | |
|---|---|
| Student's Name | School / Grade |
| Relationship of Person Completing Survey<br>☐ Mother ☐ Father ☐ Guardian ☐ Other *(Specify)*: | |

**Directions: Check the correct response for each of the following questions and indicate other languages used.**

| | English | Other | Specify Other Language(s) |
|---|---|---|---|
| 1. What language did the child learn when she or he first began to talk? | ☐ | ☐ | ________ |
| 2. What language does the family speak at home most of the time? | ☐ | ☐ | ________ |
| 3. What language does the parent(s) speak to his/her child most of the time? | ☐ | ☐ | ________ |
| 4. What language does the child speak to his/her parent(s) most of the time? | ☐ | ☐ | ________ |
| 5. What language does the child hear and understand in the home? | ☐ | ☐ | ________ |
| 6. What language does the child speak to his/her brothers/sisters most of the time? | ☐ | ☐ | ________ |
| 7. What language does the child speak to his/her friends most of the time? | ☐ | ☐ | ________ |

| | Yes | No |
|---|---|---|
| 8. Can an adult family member or extended family member speak English? | ☐ | ☐ |
| Can they read English? | ☐ | ☐ |

| | Yes | No | Oral | Written |
|---|---|---|---|---|
| 9. Do the parents/guardians request oral and/or written communication from the school to be in English? | ☐ | ☐ | ☐ | ☐ |

If no, in what language? ____________________

| Signature | | |
|---|---|---|
| Signature of person completing Survey ► | (SIGN & PRINT NAME) | Date signed |

| STAFF INFORMATION | | | |
|---|---|---|---|
| ESL File Opened<br>☐ Yes ☐ No | Today's Date | ACCESS Screening date | Last ACCESS Test date |
| ESL Evaluator | | ESL Level | Placement |

# RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street, Spring Green, Wisconsin 53588

Phone: 608-588-2551 FAX: 608-588-2558

**Encuesta de Lengua de la Familia** -- estar completado por todos los alumnos nuevos

| La Encuesta de Lengua de los Padres y la Familia | |
|---|---|
| Nombre de Alumno(a) | Escuela/Año |
| Parentesco de Persona completando la Encuesta<br>☐ Madre ☐ Padre ☐ Guardián ☐ Otro*(Specify):* | |

**Instrucciones:** Marque con cuadro la respuesta correcta de todas las siguientes preguntas e indique otras lenguas usadas.

| | Inglés | Otra | Otra(s) Lengua(s) *(Cual(es)*: |
|---|---|---|---|
| 1. ¿Cuál lengua aprendió el hijo/ la hija cuando primero empezó a hablar? | ☐ | ☐ | ______ |
| 2. ¿Cuál lengua habla la familia mayormente en casa? | ☐ | ☐ | ______ |
| 3. ¿Cuál lengua usan los padres mayormente cuando hablan con su(s) hijo(s)? | ☐ | ☐ | ______ |
| 4. ¿Cuál lengua habla el hijo/ la hija mayormente con sus padres? | ☐ | ☐ | ______ |
| 5. ¿Cuál lengua oye y entiende el hijo/ la hija en casa? | ☐ | ☐ | ______ |
| 6. ¿Cuál lengua habla el hijo/ la hija mayormente con sus hermanos? | ☐ | ☐ | ______ |
| 7. ¿Cuál lengua habla el hijo/ la hija mayormente con sus amigos? | ☐ | ☐ | ______ |

| | Sí | No |
|---|---|---|
| 8. ¿Puede hablar inglés un adulto en casa o un pariente? | ☐ | ☐ |
| ¿Puede leer inglés? | ☐ | ☐ |

| | Sí | No | Oral | Escrita |
|---|---|---|---|---|
| 9. ¿Piden los padre comunicación oral y / o escrita en inglés de la escuela? | ☐ | ☐ | ☐ | ☐ |

Si no, ¿en qué lengua? ______________________

| Firme | |
|---|---|
| Firma de persona completando la encuesta (Firme e imprima su nombre)<br>► | Fecha firmado |

| STAFF INFORMATION | | | |
|---|---|---|---|
| ESL File Opened<br>☐ Yes ☐ No | Today's Date: | ACCESS Screening date | Last ACCESS Test date |
| ESL Evaluator | | ESL Level | Placement |