



SCHOOL DISTRICT OF RIVER FALLS

2017-2018 STUDENT REGISTRATION FORM

Please complete one form for each student being enrolled for the Student's School.

Demographic Information

Student's Legal Name: _____
First Middle Last

(circle one) Gender: M F Birthdate: ___/___/___ Grade: _____

Primary Address: _____
City State Zip

Home Phone: (____) _____ - _____

Previous School: _____

Previously enrolled in River Falls? Yes No If yes, where? _____

Birth City, State: _____, _____ Birth County: _____

Birth Country: _____

(If Applicable)

Student's Cell phone: (____) _____ - _____

Preferred Student Email Address: _____

For Office Use Only:

Entry Date: _____/_____/_____

Student # _____

HmRm _____

- Records Release
- Birth Cert.
- Immunizations

Grad Yr. _____

Lunch Acct/PIN _____

1. Ethnicity: Are you Hispanic or Latino? *(Select only one)*

No, not Hispanic or Latino

Yes, Hispanic or Latino

2. Race: Select all of the following categories that apply to you:

(You must select at least one of the following)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Transportation (Elementary Only)

In Case of Unscheduled Early Dismissal

My child should be: dropped off/go to/with _____
(circle)

Ride

Walk

Telephone Number _____

School Safety

State law requires that a parent or guardian of a child who has been adjudicated guilty or previously expelled for homicide, assault, or violation of state law or school regulations relating to weapons, alcohol or drugs notify a new school at the time of registration. In compliance with this requirement, please check any of the following that apply to this student:

- adjudicated guilty
- expelled from school (If applicable, please list the name of the school: _____)
- disciplined for a violation of state law or school regulation relating to weapons, alcohol, or drugs

The facts are as follows: _____

Participation in Programs

Please check if any of these apply to your son/daughter:

- Open Enrollment
- Special Education/IEP
- Section 504
- Title One
- English Language Learner

Parent/Guardian Authorizations

Permission will be assumed unless marked below to *not* allow.

Media Release

- I **do not** give my permission to have my child interviewed/photographed/videotaped by the news media which may result in print, video, or web publication.
- I **do not** give my permission to have my child interviewed/photographed/videotaped by the school or school district which may result in print, video, or web publication.
- I **do not** give my permission to have the school or school district feature my child's school work.

Local Field Trips

- I **do not** give my permission for all local field trips for students.

These field trips might include activities in the park, sliding, visits to the University, nature walks, caroling downtown, and trips to local businesses. *We will continue to require a permission slip for all field trips where bussing is required.* Notification on all field trips will be sent home, please contact your child's teacher if you have questions regarding a specific field trip.

Acceptable Use of Network

- I have read the Student Acceptable Use Policy, I give permission for my child to access all components of the district network and release the district from any and all claims and damages of any nature arising from the use of this network.

Student Handbook

- I will review/read the Student Handbook that can be found online. (www.rfsd.k12.wi.us >school webpage >Student Handbook)

Acknowledgment required below:

_____ / _____
Parent/Guardian Signature

Health Information

Student Name _____ Grade _____

Please check all that apply:

<input type="checkbox"/> ADD	<input type="checkbox"/> Current diagnosis	<input type="checkbox"/> History		
<input type="checkbox"/> ADHD	<input type="checkbox"/> Medication Name: _____		<input type="checkbox"/> At home	<input type="checkbox"/> At school

Allergies	<input type="checkbox"/> Current diagnosis	<input type="checkbox"/> History		
<input type="checkbox"/> Medication Name: _____			<input type="checkbox"/> At home	<input type="checkbox"/> At school
<input type="checkbox"/> Seasonal Allergies	<input type="checkbox"/> Tree nuts	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Bee/wasp	<input type="checkbox"/> Eczema <input type="checkbox"/> Peanuts
<input type="checkbox"/> Other nut allergies: _____				
<input type="checkbox"/> Other Allergies _____				

Asthma	<input type="checkbox"/> Current diagnosis	<input type="checkbox"/> History		
<input type="checkbox"/> Medication Name: _____			<input type="checkbox"/> At home	<input type="checkbox"/> At school
<i>Triggers of Asthma:</i> <input type="checkbox"/> Mold	<input type="checkbox"/> Weather	<input type="checkbox"/> Pollen	<input type="checkbox"/> Smoke	<input type="checkbox"/> Dust <input type="checkbox"/> Exercise <input type="checkbox"/> Animals <input type="checkbox"/> Viral infections
<input type="checkbox"/> Other specify: _____				

Diabetes	<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2	<input type="checkbox"/> Medication Name: _____	
<input type="checkbox"/> Pump	<input type="checkbox"/> Pen	<input type="checkbox"/> Syringe		

Heart Condition	<input type="checkbox"/> Current diagnosis	<input type="checkbox"/> History		
<input type="checkbox"/> Tetralogy of Fallot	<input type="checkbox"/> Atrioventricular Septal Defect	<input type="checkbox"/> Atrial Septal Defect	<input type="checkbox"/> Aortic Valve Stenosis	
Other not listed above: _____				
Limitations or restrictions: _____				

Joint disease	<input type="checkbox"/> Current diagnosis	<input type="checkbox"/> History		
<input type="checkbox"/> Juvenile Arthritis	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Other specify: _____		

Migraines	<input type="checkbox"/> Current diagnosis	<input type="checkbox"/> History		
<input type="checkbox"/> Medication Name: _____			<input type="checkbox"/> At home	<input type="checkbox"/> At school

Seizures	<input type="checkbox"/> Current diagnosis	<input type="checkbox"/> History		
<input type="checkbox"/> Medication Name: _____			<input type="checkbox"/> At home	<input type="checkbox"/> At school
<input type="checkbox"/> Generalized tonic-clonic	<input type="checkbox"/> Absence	<input type="checkbox"/> Partial	<input type="checkbox"/> Simple	<input type="checkbox"/> Complex
<input type="checkbox"/> Other not listed above: _____				

<input type="checkbox"/> Vision Concerns	<input type="checkbox"/> Hearing loss concerns	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both
<input type="checkbox"/> Bladder Concerns	<input type="checkbox"/> Kidney concerns			
<input type="checkbox"/> Skin Concerns				
Specify: _____				
Limitations or restrictions: _____				

Other: _____

Surgeries: _____

If your child will be taking daily and/or as needed medication at school a Medication Request form needs to be completed. They are available on the RFSD website—Health Services page or at the school health office. I hereby authorize the nurse, health aide, administrator, or other designated person to call any of the listed emergency contact if needed and provide first aid or basic health room care for my child.

Parent/Guardian Signature _____ Date _____

Primary Household Address from first page, in district or primary bussing address

Parent or Guardian 1 (This is the primary parent/guardian for the students listed above.)

Name: _____
First Middle Last
Employer _____ Work Phone (____) _____ - _____
Cell Phone (____) _____ - _____ Primary Email Address _____
Preferred daytime phone _____ Alternate Email Address _____
(circle)
Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other _____

Contact Priority (circle)
1 2 3 4

Portal
 Emails
 Mailings

Parent or Guardian 2 (This is the 2nd parent/guardian or step/individual living in the primary household.)

Name: _____
First Middle Last
Employer _____ Work Phone (____) _____ - _____
Cell Phone (____) _____ - _____ Primary Email Address _____
Preferred daytime phone _____ Alternate Email Address _____
(circle)
Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other _____

Contact Priority (circle)
1 2 3 4

Portal
 Emails
 Mailings

Secondary Household (This section should be completed if both parents do not live in the Primary Household.)

Address: _____ P.O. Box _____
City/State: _____ Zip: _____ Home Phone: _____

Parent or Guardian 3 (This will generally be a parent who does NOT live in the Primary Household with the students.)

Name: _____
First Middle Last
Employer _____ Work Phone (____) _____ - _____
Cell Phone (____) _____ - _____ Primary Email Address _____
Preferred daytime phone _____ Alternate Email Address _____
(circle)
Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other _____

Contact Priority (circle)
1 2 3 4

Portal
 Emails
 Mailings

Parent or Guardian 4 (This will generally be the step/individual living with a parent in a Secondary Household.)

Name: _____
First Middle Last
Employer _____ Work Phone (____) _____ - _____
Cell Phone (____) _____ - _____ Primary Email Address _____
Preferred daytime phone _____ Alternate Email Address _____
(circle)
Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other _____

Contact Priority (circle)
1 2 3 4

Portal
 Emails
 Mailings

Students in the same Primary Household Attending School (Ages 3 and above)

This information only needs to be completed at one school.

Please list the name of the school where the household information was submitted:

1st Student's LEGAL Name: _____
First Middle Last

Date of Birth: ____/____/____ Grade: _____ School: _____

Lives With:
(circle) Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other _____

2nd Student's LEGAL Name: _____
First Middle Last

Date of Birth: ____/____/____ Grade: _____ School: _____

Lives With:
(circle) Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other _____

3rd Student's LEGAL Name: _____
First Middle Last

Date of Birth: ____/____/____ Grade: _____ School: _____

Lives With:
(circle) Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other _____

4th Student's LEGAL Name: _____
First Middle Last

Date of Birth: ____/____/____ Grade: _____ School: _____

Lives With:
(circle) Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other _____

List any additional students on a separate sheet of paper.

Emergency Contacts *Please check contacts who may check the student out of school.

****To be called in case parents are unreachable.
Please do not list parents as emergency contacts.**

Name	Relationship	Home Phone	Cell Phone	Work Phone
<input type="checkbox"/>				
<input type="checkbox"/>				



SCHOOL DISTRICT OF RIVER FALLS
2017-2018 REGISTRATION FORM SIGNATURE PAGE

- I verify that the information supplied is correct and current.
- I will inform the school of any changes in this information.
- I authorize any school personnel to take reasonable emergency measures on behalf of my child and agree to hold them harmless for any treatment rendered.
- I have authorized appropriate permission on page 2 and completed the Health Information on page 5.

Parent/Guardian Signature _____ Date ____/____/____

Parent/Guardian Signature _____ Date ____/____/____

****The Student Acceptable Use Policies can be found at the end of this document and should be removed for future use.**

I have received a copy of the Student Acceptable Use Policies and will abide by these policies as set forth by the School District of River Falls.

FOCUS/TA/Classroom Teacher: _____

Student's Name: _____
(Printed)

Student's Signature _____ Date ____/____/____



School District of River Falls Acceptable Use Policies

Policy: Information and Technology
Scope: Students
Effective Date: 08/27/03 – Adopted by Board
Approval: Administration

Policy Statement

The School District of River Falls encourages use and application of technology to enhance students' education by providing the ability to conduct research and to efficiently communicate with faculty and other members of the School District and the community. The technology tools include, but are not limited to: computers, on-line Library databases, email, and intranet/internet.

Access to various technology tools available at the School District is a privilege extended to current students and requires that individual users act responsibly. Users must respect the rights of others, respect the integrity of systems and related physical resources, and observe all relevant laws, regulations and School District policies.

The School District reserves the right to access all information in its technology tools for business purposes. Business purposes may include the day-to-day management of the systems of this or other School District policies, such as sexual harassment, the unauthorized disclosure of confidential information, misuse of School District resources or property, or a violation of law. There is no privacy nor expectation of privacy associated with a user's School District account. The School District reserves the right to extend, limit, restrict, or deny privileges or access to its technology tools. The School District is not responsible for any materials.

Security

Users are expected to keep passwords confidential and user passwords may be overridden by the School District as necessary for business or administrative reasons. The student to whom the account is assigned is the only person authorized to use the account. Please report any unauthorized use of your account to the Supervisor or Technology Services.

Usage

Accounts will be terminated at the end of the last semester in which the student was enrolled or upon withdrawal from the District.

User access may be suspended or terminated by the School District at any time with or without notice.

Acceptable Uses/Limitations

Examples include but are not limited to:

- The School District's technology tools are to be used primarily for School District business purposes. Use of any School District system for the benefit of any student or third party is expressly prohibited. Students are permitted to use technology tools in a prudent manner for personal use as long as it does not interfere with the use of technology by other members of the School District community.
- Users do not own accounts on School District computers, but are granted the privilege of use. The School District may revoke this privilege if School District policies are not followed. Users may not share their accounts with others and must keep account passwords confidential.
- The School District cannot guarantee that messages or files created, stored, received or sent through School District technology systems (including computers, hard drives, disks, etc.) are private or secure. The School District may monitor and record usage to enforce its policies and may use information gained in this way in disciplinary actions against the user.
- Users must adhere strictly to software licensing agreements and copyright laws.
- Only software that has been authorized by the School District may be loaded or used on any School District computer. The Technology Services Department is responsible for loading or removing any software.

Prohibited Conduct

Examples include but are not limited to:

- Sending, storing, or accessing harassing, pornographic, obscene, offensive or otherwise inappropriate information or material.
- Deliberate attempts to access files or information that the user is not authorized to access.
- Downloading music or videos due to the impact on system performance.
- Unauthorized attempts to view and/or use another person's accounts, computer files, programs, or data.
- Use of School District resources for any commercial activity or for-profit services.
- Any attempts to disable or compromise the security of information contacted on School District's computers.
- Copying software protected by copyright.
- Initiating or propagating electronic chain letters.
- Inappropriate mass mailings to newsgroups, mailing lists or individuals.
- Unauthorized "broadcasting" of unsolicited mail or information.
- Failure to limit personal use as appropriate.

- Attempts to disrupt, subvert, or circumvent the School District's access to any data, communications, systems, files or passwords.
- Posting a message on an internet bulletin board, World Wide Web document, or any publicly available internet site which in any manner refers to the School District and its programs and services, or which might be interpreted as stating a School District position or policy, without express advance approval of the Building Administrator, unless the message clearly indicates that it reflects only the views of the author and not the School District.

Violations

Any suspected violation of this policy should be directed to the Building Administrator. Violations may result in disciplinary action.

Questions

Users of the School District's technology tools are encouraged to ask questions and understand the topics covered in this policy. Questions should be directed to the Building Administrator.

Consequences for Inappropriate Use

- Notification of proper authorities, which may include law enforcement or other appropriate agencies.
- Revocation of Privileges
- Suspension
- Dismissal/Expulsion
- Restitution for property damage

Policy Cross References

Non-Discrimination Policy
Sexual Harassment Policy