

Black Hawk School District Enrollment/Emergency Information Form

Student's Full Legal Name: _____ **Birth Date** _____ **Grade** _____ **Gender** _____

First **Middle** **Last**

SSN _____ **Home Phone** _____ **Bus Rider:** **Yes** **No**

Address _____

Birthplace _____ / _____ / _____

City **County** **State** **Country**

Primary Language _____ **Other Languages Spoken in the home** _____

Please Circle One: **White** **Hispanic** **Black** **American/Alaskan Indian** **Asian** **Other** _____

Household #1 **Both Parents** **Mother Only** **Father Only** **Joint Custody**
 Parent/Stepparent **Foster Home** **Legal Guardian** **Relative** **Other**

Father _____ **Stepfather** _____ **Guardian** _____

Name _____ **Second Phone #:** _____

E-mail Address _____ **Please Circle:** **Cell** **Pager** **Other**

Employer _____ **Work Phone #:** _____ **Hours of Work:** _____

Mother _____ **Stepmother** _____ **Guardian** _____

Name _____ **Second Phone #:** _____

E-mail Address _____ **Please Circle:** **Cell** **Pager** **Other**

Employer _____ **Work Phone #:** _____ **Hours of Work:** _____

Household #2 **Both Parents** **Mother Only** **Father Only** **Joint Custody**
 Parent/Stepparent **Foster Home** **Legal Guardian** **Relative** **Other**

Father _____ **Stepfather** _____ **Guardian** _____

Name _____ **Second Phone #:** _____

E-mail Address _____ **Please Circle:** **Cell** **Pager** **Other**

Address _____

Home Phone _____ **Receives Report Card:** **Yes** **No** **Receives Forms:** **Yes** **No**

Employer _____ **Work Phone #:** _____ **Hours of Work:** _____

Mother _____ **Stepmother** _____ **Guardian** _____

Name _____ **Second Phone #:** _____

E-mail Address _____ **Please Circle:** **Cell** **Pager** **Other**

Address _____

Home Phone _____ **Receives Report Card:** **Yes** **No** **Receives Forms:** **Yes** **No**

Employer _____ **Work Phone #:** _____ **Hours of Work:** _____

Siblings:

Name _____ **Birthdate** _____ **Grade** _____

Name _____ **Birthdate** _____ **Grade** _____

Name _____ **Birthdate** _____ **Grade** _____

Name _____ **Birthdate** _____ **Grade** _____

Please list emergency contacts in the case you cannot be reached: please remember that these are the individuals who may pick up your child from school if your child can no longer remain in school. These are the only individuals that the school may legally release your children to other than parents.

Name _____ **Phone** _____ **City** _____ **Relationship** _____

Name _____ **Phone** _____ **City** _____ **Relationship** _____

Name _____ **Phone** _____ **City** _____ **Relationship** _____

Name _____ **Phone** _____ **City** _____ **Relationship** _____

Part I: Ethnicity Designation

Is the person Hispanic or Latino? Must choose one.

- Hispanic or Latino *[If selected go to Question I-A]*
- Not Hispanic or Latino *[If no, go to Question Part II]*

Optional Question I-A: If Hispanic or Latino was chosen above, select all that apply from the list below:

- Columbian
- Ecuadorian
- Guatemalan
- Mexican
- Puerto Rican
- Salvadoran
- Spaniard/Spanish/Spanish-American
- Decline to indicate
- Unknown
- Other

Part II: Race Designation

Select one or more of the following categories that apply to this person:

- American Indian or Alaska Native *[If selected go to question II-A]*

Optional Question II-A: If chosen, select all that apply from the list below:

- Bad River Band
- Forest County
- Ho-Chunk
- Lac Courte Oreilles
- Lac du Flambeau
- Menominee
- Oneida Nation (Wisconsin)
- Red Cliff
- Sokaogon
- St. Croix
- Stockbridge
- Brothertown
- Other *Please select value from Tribal Affiliation List*

-
- Asian *[If selected go to question II-B]*

Optional Question II-B: If chosen, select all that apply from the list below:

- Burmese
- Chinese
- Filipino
- Hmong
- Indian
- Karen
- Korean
- Vietnamese
- Decline to indicate
- Unknown
- Other

-
- Black or African American *[If selected go to question II-C]*

Optional Question II-C: If chosen, select all that apply from the list below:

- African-American
- Ethiopian-Oromo
- Ethiopian-Other
- Liberian
- Nigerian
- Somali
- Decline to indicate
- Unknown
- Other

-
- Native Hawaiian or Other Pacific Islander

-
- White
-

Black Hawk School District Health Form

Student LEGAL Name _____ Birth Date _____

CHECK HERE IF NOT A NEW STUDENT AND NO UPDATES _____

Please fill out completely if new student, or returning student.

Care Team Information:

Primary Physician _____ Last visit _____
Physician phone number _____

Dentist _____ Last visit _____
Phone _____

Last Eye Exam _____ Glasses? _____

Preferred Hospital _____

Does your student have significant health problems (things they see a doctor for regularly, take medications, or other issues) we should know about? _____

Please list **ALL MEDICATIONS** your student takes at home, and school. (please complete medication authorization form for medications to take at school)

Does your student have **SEVERE ALLERGIES** requiring epinephrine? If yes, what?

Does your student have **MEDICATION OR FOOD ALLERGIES**? If yes- please list allergen and reaction _____

(over)

Is your student a Badger-Care or Public Aid recipient? _____

Does your family have adequate access/funds for food? _____
if not, would you be interested in participating in the Warrior Backpack Program?

Is your student: Fully immunized? _____
Partially immunized _____
We have stopped immunizing completely _____
We are following a delayed schedule _____
We are behind, but plan to catch up _____
No immunizations _____

Please see enclosed required immunizations for the State of Wisconsin

Is there anything else you would like us to know about your student?

Guardian Signature _____ Date _____

Printed Guardian Name _____

Black Hawk School District Non Prescription Medication Administration Authorization

STUDENT NAME _____

(Per policy, MD or licensed prescriber signature required for prescriptions. Guardian signature required for both prescription and over the counter medications. Must be completed each school year)

Qualified persons trained in medication administration have my permission to administer the following medications *as directed on the label*

(You do NOT have to supply the medication)

Please initial each medication you give permission to administer at school:

_____ **Ibuprofen** (check one: Liquid _____ Tablets _____)

***For pain, fever**

_____ **Tylenol** (check one: Liquid _____ Tablets _____)

***For pain, fever**

_____ **Benadryl** (Check one: Liquid _____ Tablets _____)

***For Allergic reaction, itching**

_____ **Tums (Regular Strength)**

Prescription medications to be taken at school: (Requires MD order and signature)

| Medication | Dose | Route | Frequency | Self Carry? |
|------------|------|-------|-----------|-------------|
| | | | | |
| | | | | |
| | | | | |

Guardian signature _____ **date** _____

Printed guardian name _____

**Black Hawk School District
2020-2021**

Student's Name(s):

Grade:

| | Fee | Amount | Total |
|---|--------------|--------|-------|
| K-6 (limit 3 per family) | \$25.00 | | |
| 7-12 (limit 3 per family) | \$40.00 | | |
| Limit three per family (will be the highest three charges, would include 7-12 fees first) | | | |
| | | | |
| Musical Instrument Rental | \$35.00 | | |
| | | | |
| Agriculture/Industrial Arts | Actual Costs | | |
| | | | |
| | | | |
| Activities Participation Fees: | | | |
| Grades 7-8 (per sport) | \$15.00 | | |
| Grade 9-12 (per sport) | \$35.00 | | |
| Forensics | \$35.00 | | |
| | | | |
| Activity Passes | | | |
| Student Pass | \$10.00 | | |
| Adult Pass (individual) | \$30.00 | | |
| *Family Pass | \$40.00 | | |
| *Family pass includes two adults and students attending Black Hawk School District. | | | |
| | | | |
| Total Fees: | | | \$ |

FERPA/HIPAA CONSENT

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION BETWEEN MEDICAL PROVIDERS and SCHOOL DISTRICTS

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Federal laws (including HIPAA) concerning the privacy of such information. Failure to provide all information requested may invalidate this authorization.

USE AND DISCLOSURE INFORMATION:

Patient/Student Name: _____
Last First MI Date of Birth

I, the undersigned, do hereby authorize (name of agency and/or health care providers):

- (1) _____
(2) _____

to provide health information from the above-named child's medical record to and from:

Black Hawk School District
53587

School District to Which Disclosure is Made
Kirsten Eckerman, RN
Contact Person at School District

202 East Center Street South Wayne, WI

Address / City and State / Zip Code
608-439-5400 x 111 FAX 608-439-1022
Area Code and Telephone Number

The disclosure of health information is required for the following purpose:

Requested information shall be limited to the following: All minimum necessary health information; or Disease-specific information as described:

DURATION:

This authorization shall become effective immediately and shall remain in effect until _____ (enter date) or for one year from the date of signature, if no date entered.

RESTRICTIONS:

Law prohibits the Requestor from making further disclosure of my health information unless the Requestor obtains another authorization form from me or unless such disclosure is specifically required or permitted by law.

YOUR RIGHTS:

I understand that I have the following rights with respect to this Authorization: *I may revoke this Authorization at anytime. My revocation must be in writing, signed by me or on my behalf, and delivered to the school district/health care agencies/persons listed above. My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance to this Authorization.*

RE-DISCLOSURE:

I understand that the Requestor (School District) will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA) and that the information becomes part of the student's educational record. The information will be shared with individuals working at or with the School District for the purpose of providing safe,

I have a right to receive a copy of this Authorization. Signing this Authorization may be required in order for this student to obtain appropriate services in the educational setting.

APPROVAL:

| | | |
|---------------------------------|-----------|--------------------------------|
| _____ | _____ | _____ |
| Printed Name | Signature | Date |
| _____ | | _____ |
| Relationship to Patient/Student | | Area Code and Telephone Number |

BLACK HAWK SCHOOL DISTRICT

202 E Center Street
South Wayne, WI 53587
(608)439-5371

STUDENT RECORDS RELEASE FORM

Student Name: _____ **Birth Date:** _____ **Grade:** _____

Parents' Names: _____

Address: _____
Street City State Zip Code

Transferring from School A:

Name of School/District

Street

City State Zip Cod

Transferring to School B:

BLACK HAWK SCHOOL DISTRICT

202 E. Center St.
South Wayne, WI 53587

Was the student enrolled in a special education program? Yes _____ No _____

I, the undersigned parent/guardian, give permission to the officials of School A to release and send progress reports, transcripts, test results, health records, psychological, and other pertinent reports regarding my child to School B.

I understand that this consent may be revoked by me at any time, except to the extent that action has already been taken in reliance thereon. This consent expires one (1) year from this date unless expressly revoked earlier. I hereby release you, as custodian of such records from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request for release of information or any attempt to comply with it.

Parent/Guardian Signature Date

Student (if 18 or older) Date



School District of Black Hawk

Kerri Crotty, School Counselor/Homeless Liaison
202 E. Center Street
South Wayne, WI 53587
P: (608) 439-5371 ext: 102
F: (608) 439-1022
E: croker@blackhawk.k12.wi.us
W: www.blackhawk.k12.wi.us

Family Name: _____

McKinney-Vento Homeless Assistance Act Eligibility Form (Please complete one form per family)

Please check the line/s below that best describe the student's living situation. The purpose of this form is to provide information to help make a determination of eligibility for rights and services under the McKinney-Vento Homeless Assistance Act.

Is the student/s living in any of the following situations? (check all that apply)

_____ Sharing housing with others due to loss of housing, economic hardship, or similar reason

_____ Staying in a shelter (family, domestic violence, or youth shelter)

_____ Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason

_____ Living in a car, park, campground, abandoned building, or other inadequate accommodation

_____ Living in transitional housing (case management and subsidy and time limited)
Name and number of case manager/s: _____

_____ Living in other situation that are not fixed, regular, or adequate for nighttime residence

_____ Children/youth living in a homeless situation who are also not under the care of a parent and/or legal guardian

_____ Migratory children who live in any of the circumstances as described above

_____ Although now permanently housed, my family was identified under McKinney-Vento during the current school year. If yes, which district: _____

If you checked any of the above please complete the remainder of this form and submit to the school personnel. If you did not check any of the above, you do not need to complete or submit this form.



School District of Black Hawk

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Please list all children in the household (up to age 21):

| Name | Date of Birth | School |
|------|---------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

This form will be shared with the homeless liaison. The homeless liaison will follow-up with you regarding eligibility for services. Completing this form will not automatically result in services under the McKinney-Vento Homeless Assistance Act.

This information is confidential and shall be kept for the current school year only.