

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 **oth**

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 _____

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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



**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:			\$

SCHOOL DISTRICT OF BLACK HAWK

August				
MON	TUE	WED	THU	FRI
24	25	26	27	28
31				

September				
MON	TUE	WED	THU	FRI
	1	2	3	4
	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

October				
MON	TUE	WED	THU	FRI
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

November				
MON	TUE	WED	THU	FRI
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24			
30				

December				
MON	TUE	WED	THU	FRI
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22			

#	Beginning & End of School Year
■	Parent/Teacher Conferences
■	No School
■	1st Day School/Summer School

August 24th: Teacher Inservice
 August 25th: Teacher Inservice
 August 26th: Staff Work Day
 August 27th: Teacher Inservice
 August 31st: **1st Day School/Summer School**

September 1st: **First Day of School (Virtual)**
 September 7th: **No School/Labor Day**

November 5th: *End of 1st Quarter*
 November 6th: **No School/Teacher Work Day**
 November 12th: Parent/Teacher Conferences 5-8 pm
 November 13th: **No School/Parent/Teacher Conferences 9-12 pm**
 November 25th-27th: **No School/Thanksgiving Break**

December 23rd-January 1st: **No School/Christmas Break**

January 4th: Classes Resume
 January 22nd: *End of 2nd Quarter*
 January 25th: **No School/Teacher Work Day**

February 19th: **No School**

March 26th: **No School/Teacher Work Day**
 March 29th: *End of 3rd Quarter*

April 1st-5th: **No School/Spring Break**

May 28th: High School Graduation @ 7pm
 May 31st: **No School/Memorial Day**

June 3rd: 8th Grade Promotion @ 7 pm
 June 4th: **Last Day of School/End of 4th Quarter**



January				
MON	TUE	WED	THU	FRI
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
	26	27	28	29

February				
MON	TUE	WED	THU	FRI
1	2	3	4	5
8	9	10	11	12
15	16	17	18	
22	23	24	25	26

March				
MON	TUE	WED	THU	FRI
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	
29	30	31		

April				
MON	TUE	WED	THU	FRI
	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

May				
MON	TUE	WED	THU	FRI
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

June				
MON	TUE	WED	THU	FRI
	1	2	3	4

Student grade level _____

2020-2021 school year

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 _____

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	