

Registration Information

Registration forms on this site must be printed and filled out. Upon completion, return the forms to your home school,* (except during the summer months, see below) where you will meet with a school district representative who will review the forms with you and discuss any issues/questions you have. Seats are limited in some buildings so we encourage you to return these forms as soon as possible.

*If you are unsure of your home school, call 715-261-0500.

4K - 5th grade During the summer months of June, July and August:

4yr old KG – Every Tuesday, Wednesday 8:00 am – 2:00 pm and Thursday 8:00 am – 12:00 pm
at the A.C. Kiefer Early Childhood Center, 700 W Strowbridge St, Wausau WI 54401.

Other times by appointment. Please call 715-261-0265.

KG-5th grade will register at Longfellow Administration Building, 415 Seymour St,
Wausau, WI 54403 during the following dates and times:

July 7 th	July 14 th	July 21 st	July 28 th	August 4 th	August 11 th
8:00 am – 12:30 pm and 1:00 pm – 3:00 pm					

John Muir Middle School

Parents of 6th - 8th grade students residing on the west side of Wausau, who are new to the community or are transferring students are asked to register their children as soon as possible. Beginning the week of June 16, 2014 please call Mrs. Gallant in advance at 715-261-0115. Parents need to bring the student (s) with them for placement testing.

Horace Mann Middle School

Parents of 6th - 8th grade students residing on the east side of Wausau, beginning the week of June 16, 2014, Horace Mann Middle School's Student Services Office will be open between the hours of 7:30 am and 2:00 pm. Monday through Thursday. Parents need to bring the student (s) with them for placement testing.

Please call Horace Mann in advance at 715-261-0740.

Wausau East High School

New Student Registration: Please call the Counseling Office at 261-0677 for an appointment.

Thursday, August 13th 12:00-6:00 pm Upperclassmen

Friday, August 14th 12:00-6:00 pm Upperclassmen

Monday, August 17th 9:00, 1:00 and 4:00 pm Freshman Orientation

Prior to the appointment, registration packets can be picked up at Wausau East,

Monday-Thursday between 7:00 a.m. – 12:00 a.m. & 1:00 – 3:00 p.m.

Wausau West High School

West High School summer registration is by appointment on August 17th from 8:00 – 4:00 and August 18th and 19th, from 11:00 a.m – 6:00 p.m. Please call the counseling department at 715-261-0890 during business hours to set up an appointment. Prior to the appointment, registration packets can be picked up at Wausau West, Monday-Thursday between 7:00 a.m. – 11:00 a.m. & 12:00 – 3:00 p.m.

Required Forms For All Students:

Wausau School District Registration and Contact Form: Please complete this form in its entirety, except for the dark gray office areas. When the forms are returned, if you have a student you are registering for 4 year old Kindergarten or Kindergarten, please bring a copy of a birth certificate, a baptismal certificate or a newspaper article containing the students birthdate, to verify the student's birthdate. We do not keep anything; we just need to see it. Under the ADDITIONAL CONTACT information – This is not a place for emergency contacts – this is information on additional adults the student lives with i.e. Stepparent, Foster Parent, and Guardians.

Emergency Contact/ Medical Information/Field Trip Authorization: The first portion of this form is for emergency contacts that can be reached during the day if the parent/s are not available. The second part is a brief health concerns and doctor/dentist information. Inclement Weather Instructions are for elementary students only.

Yellow School Bus Registration Form: This form must be filled out if you will be riding a bus to or from school. If you are unsure of your eligibility, fill out the form and district personnel will advise you.

Metro Ride Application: Please fill out this form if you will be riding the Metro ride City Bus.

Student Health Information: This is a brief questionnaire and will help school personnel with the needs of your student.

Student Immunization Record: Required for all students. If you have a RECIN printout or an immunization card you may bring a copy of this to satisfy step 1 and 2.

Google Applications Permission Slip: Required for students 13 years of age and younger

If you have a Kindergarten student, there are additional forms:

Student Health Examination Form and Kindergarten Eye Health Examination: These examinations are not required by law but the Wausau School District strongly recommends it. If you do not have the exam completed by the date you return the forms, please keep the form and return it to school when complete.

Also included is a WSD calendar and immunization information from the Marathon County Health Department.

Should you have any questions please call 715-261-0500.

School Name		Wausau School District Registration and Contact Form					ID#
Student Name Last First Middle			Gender <input type="checkbox"/> M <input type="checkbox"/> F	Hispanic or Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Student's Racial Category (choose one or more): American Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/>		
Grade	Student's Birth date Mo Day Yr	Place of Birth (City/State or Country)	Date first entered U.S. Schools		Verified PreK and KG only		
Student Primary Address		Street	City	State	Zip Code	Household Telephone #	
Student lives with: (Please circle all that apply) *Mother *Father *Step-Mother *Step-Father *Foster-Mother *Foster-Father *Guardian *Adult Sibling *Spouse *Other							
Has Student Ever Registered Under a Different Name? Yes No			Student cell phone number		Student email address		
If yes, please provide name:							
School Student Most Recently Attended: Address (Ct, St, Zp)							
1) What Languages did your child speak when he/she began to talk?				2) What Languages does your child speak at home?:			
3) What Languages does your child speak with his/her friends?				4) What Language do you speak to your child?:			
5) Is there an Adult in the home that can read English? YES _____ NO _____				6) If not what language can be read?:			
7) Do you want a translator/interpreter available for school conferences? YES _____ NO _____							
Legal Mother Name: Receive Mailings (progress/report cards) <input type="checkbox"/> Yes <input type="checkbox"/> No				Legal Father Name: Receive Mailings (progress/report cards) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address if different from Student:				Address if different from Student:			
Home Phone:				Home Phone:			
Cell Phone:				Cell Phone:			
Employer and Work Phone				Employer and Work Phone			
Email Address:				Email Address:			
Additional Contact Legal Name – NOT EMERGENCY CONTACTS Step-parent, Foster parent, Guardian				Additional Contact Legal Name – NOT EMERGENCY CONTACTS Step-parent, Foster parent, Guardian			
Relationship to student:				Relationship to student:			
Home Phone:				Home Phone:			
Cell Phone:				Cell Phone:			
Employer and Work Phone				Employer and Work Phone			
Email Address:				Email Address:			
Siblings living at the primary address:		M/F	Birthdate	Siblings living at the primary address:		M/F	Birthdate

Signature of Parent/Guardian X	Date	Counselors Initials	Entry Date _____ Home Attendance Zone: _____ Withdrawn to _____ W/D Date: _____
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Wausau School District Form for:
Emergency Contact/ Medical Information/Field Trip Authorization

Student Name _____ Grade _____ DOB _____ Gender _____

Local Contact Person If Parent/Guardian Cannot Be Reached

Contact Name:
Relationship to student:
Home Phone:
Cell Phone:
Employer and Work Phone:

Contact Name:
Relationship to student:
Home Phone:
Cell Phone:
Employer and Work Phone:

Please specify any health conditions which may affect your child in school and identify medications your child is currently taking. The health information provided will be shared with the school staff in a confidential manner.

Health Concerns: _____

Medications: _____

Doctor Name: _____ Phone Number _____

Dentist Name: _____ Phone Number _____

Authorization of Treatment During School Hours and on Field Trips Yes _____ No _____ (mark one)

To whom it may concern: I authorize treatment by a licensed medical physician/dentist of the above minor in the event of a medical/dental emergency that, in the opinion of the attending physician/dentist, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. The authority granted is only to be exercised after reasonable efforts have been made to reach me if time so permits. If I cannot be reached, I authorize the school Principal, teacher certified CPR/ first aide staff, or my designated contact person to call or drive my child to the physician or dentist listed above, or the nearest hospital if emergency care is needed. An ambulance may be called if necessary. This release form is completed and signed of my own free will and is for the sole purpose of authorizing necessary medical treatment under emergency circumstances in my absence. **Special Accomodations:** Students with disabilities who need special accommodations to participate in activities should contact the school, prior to activity date.

Inclement Weather Instructions – Elementary Only

If school must be closed during the school day, we need to know what plans you have made for your child. It is difficult for students to telephone for instructions at these times. Please fill out the form below, **discuss the plan with your child**, and return the form to school.

In the event of school closing during the day, my child should...

_____ Walk home as usual _____ I will pick up my child _____ Ride Bus as always

_____ will pick up my child

_____ Other (Please specify) _____

_____ Date _____

Parent's Signature

Home Phone _____ Work Phone _____ Cell Phone _____

Wausau School District Yellow School Bus Registration Form

Dear Parents/Students: Due to the fact that a great number of students drive cars to school or their parents transport them, we are asking that *only* students needing yellow bus transportation for the 2014-2015 school year register for service. If your child(ren) is eligible and will need *yellow* school bus service, please complete the requested information and **RETURN THIS FORM TO FIRST STUDENT BY JULY 11, 2014. FORMS RECEIVED AFTER JULY MAY NOT BE PROCESSED UNTIL AFTER SCHOOL STARTS, WHICH WILL DELAY YOUR CHILD(REN) FROM RIDING THE BUS FOR SEVERAL WEEKS.**

Part of our mission at First Student is to provide for the safety of your child(ren) while on our bus. To help us accomplish this you may wish to provide information for your child(ren) regarding any special medical conditions such as diabetes and allergic reactions to bee stings. Any information you provide will be kept confidential and shared only with the child's driver and/or bus monitor. **It is the responsibility of the parent/guardian to notify First Student regarding any special medical condition.**

Child's name: _____

Please describe special conditions: _____

Student Name	Grade	School	Will Ride a.m. only	Will Ride p.m. only	Will Ride a.m. & p.m.

Parent/Guardian Name: _____ Street Address: _____

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

Parent/Guardian Signature: _____ Date: _____

Emergency Contact: _____ Phone Number: _____

(Note: if your child(ren) will need to be picked up or dropped off at an address other than your home you MUST complete a "Transportation to Accommodate Child Care Needs" form! You may pick up this form at your school, the school district office (715-261-0515) or First Student (715-842-2268) at the address above.)

If we do not receive your form back, your child(ren) will not be scheduled for yellow school bus service. Should yellow school bus service become necessary at some point in the year, simply call our office at 715-842-2268, fill out a form and we will place your child(ren) on a route.



730 S. 17th Avenue
Wausau, WI 54401

(715) 842-2268 or Fax (715) 845-3155 or Email Wausau.Trips@firstgroup.com

**WAUSAU SCHOOL DISTRICT
2014-2015
APPLICATION FOR METRO RIDE TRANSPORTATION**

NEW STUDENT

CHANGE

Previous Address _____

DATE _____

NAME _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

ADDRESS _____ CITY/ZIP _____

NAME OF PARENT OR GUARDIAN _____

ADDRESS (IF DIFFERENT THAN STUDENT) _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____

GRADE STUDENT IS ENTERING _____

SCHOOL STUDENT WILL BE ATTENDING _____

ARE YOU APPLYING FOR TRANSPORTATION? _____ Yes _____ No

(FOR OFFICE USE ONLY)

WATS TICKETS _____

DISTANCE FROM YOUR HOME TO YOUR HOME SCHOOL _____

NOT APPROVED _____

REASON _____

WAUSAU SCHOOL DISTRICT

Student Health Information

Name: _____ M/F _____ D.O.B.: _____ Grade: _____ School: _____

The health information provided will be confidentially shared with staff to assist in educational planning. **Please complete this form.**

Please indicate if your child has any of the following conditions:

IF "YES," PLEASE EXPLAIN	Age Diagnosed	EXPLANATION
ADD/ADHD		
Bone/Joint/Muscle Condition		
Heart or Blood Condition		
Vision or Hearing Concerns		
Digestive or Dietary Concerns		
Cancer/Leukemia		
Skin Condition		
Diabetes		
Epilepsy/Seizure		
Rescue medication needed?		
Respiratory Condition		
Rescue Medication needed?		
Allergy(environment,food,animals,medication, etc)		
Rescue medication needed?		
Activity Limitations/ Ambulatory needs		
Medication to be taken at school?		

Please note any other health concerns that you feel would be helpful for the school to know:

School Nurse Contact information can be received by calling Sheryl Kazda at 715-261-0570

Date: _____ Parent/Guardian Signature: _____

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department.

PERSONAL DATA **PLEASE PRINT**

Step 1	Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ()	

IMMUNIZATION HISTORY

Step 2 List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					*Hib vaccine is only required for children in licensed day care centers. Do <u>not</u> report the dates your child received Hib vaccine on this form.
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					
Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)					

REQUIREMENTS

Step 3 Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4 **STUDENT MEETS ALL REQUIREMENTS**
 Sign at Step 5 and return this form to school.
 _____ Or _____

STUDENT DOES NOT MEET ALL REQUIREMENTS

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule and notify the school may result in court action and a fine of up to \$25.00 per day of violation.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations _____

SIGNATURE - Physician Date Signed

For religious reasons this student should not be immunized.

For personal conviction reasons this student should not be immunized.

LIST VACCINE(S) WAIVED

SIGNATURE

Step 5 This form is complete and accurate to the best of my knowledge.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed

Google Applications Permission Slip For children 13 years of age and younger

Students in the Wausau School District are supplied with a resource, Google Apps for Education.

Google Apps is a set of online tools for communication, collaboration, time-management, and document storage provided by Google to the district at no cost, these tools include:

- Google Docs: a word processing, spreadsheet, presentation and drawing program that allows multi-user access and editing
- Calendar: a customizable calendar and to-do list
- Contacts: an address book
- Gmail: a full functioning e-mail program
- Google continues to add new tools and the district will evaluate each for its educational potential

All of these tools are housed on the Internet and can be accessed from any Internet-connected computer with a web-browser. No special software is required.

Our primary reasons for supplying these tools to students are:

- To give our students practice in using current technology applications and tools
- To give students the ability to work on common, no-cost tools on their own documents both at school and outside of school
- To facilitate paperless transfer of work between students and teachers
- To provide adequate long-term storage space for student work
- To help students work collaboratively, engage in peer-editing of documents, and publish for a wider audience
- To provide a digital environment where our students and teachers can work collaboratively

There is also a cost savings to the district since less file storage space will need to be maintained.

All information stored and transmitted is private to the Wausau School District as agreed upon by Google and Wisconsin's Department of Administration.

Teachers will be reviewing our districts acceptable use policy and Internet safety guidelines when they introduce these tools to students. Using online tools responsibly will be an important part of the learning experience.

For children 13 years of age and younger, we are seeking parental permission

I give permission for my child: _____ to use a Google Apps for Education account supplied by the District.

Parent or Guardian

Date

WAUSAU SCHOOL DISTRICT

Student Health Examination Report

Dear Parent/Guardian:

In order for the school to make the best plans for your child, please ask your child's practitioner to complete this form. Please return this form to your child's school.

Date _____
Student _____ Birthdate _____
School _____ Grade _____

Physical Exam: Date of Exam _____ Height _____ Weight _____
Blood Pressure _____ Vision _____ Hearing _____
Other Significant Findings _____

Immunizations:

Up to date? Yes _____ No _____

Received today? Yes _____ No _____

Comments: _____

- Please attach a copy of the student's RECIN printout or immunization record.

Pertinent Health History:

Are you this student's regular practitioner? Yes _____ No _____

Are there any health problems the school should be aware of? Yes _____ No _____

Please explain: _____

Physical activity:

Restrictions for classroom, recess, physical education?

Please explain: _____

Restricted Until (Date) _____

Does this child require any special services? Yes _____ No _____

Please comment: _____

Practitioner's Signature _____

Address _____

Phone Number _____ Date _____

State of Wisconsin
Department of Regulation and Licensing
KINDERGARTEN EYE HEALTH EXAMINATION REPORT

Student's Name _____ Birth Date _____ Sex _____
Parent or Guardian _____ Phone _____
Address _____ County _____
School/Kindergarten _____ City _____
Date entering Kindergarten _____

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

- Brief history (general health and eye health) of the child, including family history
- General external observation of the child's eyes and surrounding structures
- Ophthalmoscopic examination through an undilated pupil
- Gross measurement of peripheral vision
- Evaluation of eye coordination and function (alignment and motility)
- Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: Yes No

Date of examination:

Doctor/Physician Signature:

Print or stamp:

Doctor/Physician Name

Address

Phone

IMPORTANT NOTICE TO PARENTS

This examination is not required by law. Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats.

Disclosure of this information is voluntary and there is no penalty for non-compliance.

You are encouraged to provide a copy of this form to the school and keep a copy for your record.

Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature _____

Date _____