

SCHOOL DISTRICT OF BRUCE

For Office Use Only

Enrollment Date _____ Grade _____ Student Number _____

Lunch ID # _____ Family ID # _____ WISE ID _____

Bus _____ Miles From School _____ Kindergarten Birth Certificate Verification _____

Student Name _____
Last First Middle Grade

Student Date of Birth _____ *IF there are siblings younger than four years old in the household, please fill out the census form.*

Student Primary Household: _____

(RESIDES WITH) *Parent/Legal Guardian Home Phone Cell Phone*

Employment Work Phone Email

Parent/Legal Guardian Home Phone Cell Phone

Employment Work Phone Email

Primary Mailing Address _____

City _____ State _____ Zip Code _____

Primary **Bus** Street Address _____

Student Secondary Household: _____

Parent/Legal Guardian Home Phone Cell Phone

Employment Work Phone Email

Parent/Legal Guardian Home Phone Cell Phone

Employment Work Phone Email

Secondary Mailing Address _____

City _____ State _____ Zip Code _____

Ethnic/Racial Category _____ Asian _____ American Indian _____ Black _____ Hispanic
_____ White _____ Native Hawaiian or Other Pacific Islander

Bruce School Census Information

Family Name _____

Address _____ Phone _____

Please list all children living in the household under the age of four years old:

Child's Name	Current Age	Birthdate
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

School District of Bruce

104 W. Washington Ave., Bruce, WI 54819

Central Office: 715/868-2585 District Office: 715/868-2533 Auto Attendant: 715/868-2598 FAX: 715/868-2534

Date: _____

School Formerly Attended: _____

The following student(s) has/have enrolled in the *Bruce School District*.

Name	D.O.B.	Grade Entering
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please forward by IMMEDIATE FAX to 715-868-2534: Most recent report card or withdrawal grades, transcript, current IEP (if applicable). You may also email Jeanne at: weisser@bruce.k12.wi.us OR Lori at: lorisue@bruce.k12.wi.us

Has this student been expelled? _____

Please forward by mail: All school cumulative records including report cards, transcripts, individual education plan (IEP), medical and immunization records, Wisconsin WIAA physical card (if applicable) to:

Bruce Public School
Attn: Jeanne or Lori
104 West Washington Avenue
Bruce, WI 54819

The above student has enrolled in our school district. Per Wisconsin Statute 118.125 (4), written parental consent is no longer required to release records between schools or school systems. A school district shall transfer records within five working days of this request for records. Thank you for your help. If questions, please call 715-868-2585.

Brad Cody, Middle/High School Principal / Carrie Wessman, Elementary Principal/Curriculum Director



SCHOOL DISTRICT OF BRUCE

Student and Emergency Contact Information

Student Information

Student Name	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		

Parent/Guardian Information

Parent/Guardian 1	Parent/Guardian 2
Address (if different from student)	Address (if different from student)
Email	Email
Home phone	Home phone
Cell phone	Cell phone
Place of employment	Place of employment
Work phone	Work phone

Emergency Contact Information

Emergency contact 1	Emergency contact 2
Relationship to student	Relationship to student
Email	Email
Address	Address
Home phone	Home phone
Cell phone	Cell phone
Place of employment	Place of employment
Work phone	Work phone

I understand that if my child becomes ill or injured at school an attempt to reach parents/guardians will be made. If unable to reach parents/guardians then an attempt to reach emergency contacts will be made. I agree that my child needs to be picked up at the discretion of the school district and must be picked up in a timely manner. I give permission for my child to leave school with those listed above.

Parent/Guardian Signature: _____

Date: _____



SCHOOL DISTRICT OF BRUCE

Student Health Information

Student Name: _____ Date of Birth: _____

Health History and Health Information

☐ Student does NOT have any medical conditions or health concerns

Student has the following medical conditions or health concerns

☐ ADHD

☐ Autism Spectrum Disorder

☐ Asthma Inhaler at school? ☐ Yes ☐ No

☐ Cardiac (heart) Conditions Name of Condition: _____

☐ Diabetes ☐ Type I ☐ Type II

☐ Migraines/Headaches

☐ Seizures (Epilepsy) Type of Seizures: _____

Emergency Seizure Medication: _____

☐ Allergies (bees, foods, etc.) List Allergies: _____

Does student have an EpiPen? ☐ Yes ☐ No

☐ Other serious medical conditions: _____

Medication

Is student taking any prescription or non-prescription medication daily or frequently? ☐ Yes ☐ No

Name and dose of medications: _____

Will student need to take medication at school? ☐ Yes ☐ No (If yes complete authorization forms)

Additional information about student health, above medical conditions and treatment:

Student's Medical Provider and Clinic: _____

I understand the information I have provided regarding the student's health and medical conditions will be available to school staff in attempt to maintain, manage or treat the condition. I understand that I must inform the school nurse and administrative staff of any changes in the student's health and update the necessary forms.

Parent/Guardian Signature: _____ Date: _____

USDA Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

This institution is an equal opportunity provider.

05/05/2022



The Wisconsin Home Language Survey

This survey is given to all students enrolling in Wisconsin Schools.

Purpose

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed for your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of services offered to your child.

Student Information

Date:		
First Name:	Middle Initial:	Last Name:
School Name:	Grade:	Date of Birth (mm/dd/yyyy):
District:	District ID:	
Language(s) Used by the student:		

Parent/Guardian Information:

First Name:
Last Name:
Relationship to Student:
First Name:
Last Name:
Relationship to Student:

Parental/Guardian Language Preferences Used for School Communication (may be multiple):

Parental/Guardian Name: _____
Oral: _____
Written: _____

Parental/Guardian Name: _____
Oral: _____
Written: _____

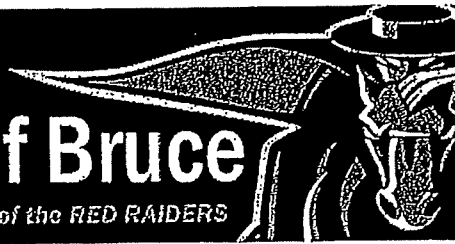
Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

104 W. Washington Ave.
Bruce, WI 54819
715-868-2585

School District of Bruce

HOME of the RED RAIDERS



February 6, 2023

Dear Parents/Guardians:

The Wisconsin Department of Health Services has announced updates to the immunizations required for children in schools and child care settings. Below is a summary of that information. These changes will go into effect beginning the 2023-2024 school year. The changes include updated requirements related to meningitis and pertussis (whooping cough) immunizations, and that past chickenpox infection must be documented by a qualified medical professional. Parent reported cases of chickenpox will no longer be accepted.

DHS Announces Immunization Updates for Children in Child Care Centers and Schools

Beginning the 2023-2024 school year, the following minimum immunization requirements must be met, or a waiver submitted to school:

For entry to kindergarten through 6th grades students need:

- 4 doses of DTaP/DTP/DT/TD
- 4 doses of polio vaccine
- 3 doses of hepatitis B
- 2 doses of MMR
- 2 doses of varicella (chickenpox)*

*Exceptions to the varicella vaccine requirement will be allowed in schools only if the child's case has been confirmed by a qualified health care provider. **Parent reported chickenpox cases will no longer be accepted.** If your child had chickenpox in the past, take the updated Student Immunization Record to your qualified health care provider for signature. This record can be found on our school website or at <https://dhs.wisconsin.gov/forms/f0/f040201.pdf>

For entry to 7th - 11th grades students need the above immunizations and:

- 1 Tdap (changed from a 6th grade to 7th grade requirement)
- 1 MenACWY containing vaccine (Meningococcal serogroup ACWY)

For entry to 12th grade students need the above immunizations and:

- 1 MenACWY containing booster (Meningococcal serogroup ACWY)*

*A second dose is not required for students who received their first dose at age 16 or older.

Students must be up to date on all vaccines listed for previous grades. Waivers for health, religious, or personal conviction reasons can be submitted by completing the waiver section on the Student Immunization Record. If immunizing your student, we encourage you to make appointments as soon as your child is due for a vaccine or in early summer to avoid the late summer rush at clinics. For additional information about these changes you can also visit the Wisconsin Department of Health Services website at <https://dhs.wisconsin.gov/immunization/update.htm>.

Respectfully,

Amanda Weinert, RN

Amanda Weinert, RN
School Nurse

Middle School – High School Respectful Behavior Agreement

Disrespectful behavior means engaging in written or verbal expression, expression through electronic means, or physical conduct that occurs on school property, at a school-sponsored or school-related activity, or in a vehicle operated by the District and that:

- Has the effect, or will have the effect, of physically harming a student, damaging a student's property, or placing a student in reasonable fear of harm to the student or of damage to the student's property.
- Is severe, persistent, and extensive enough that the action or threat creates an intimidating, threatening, or abusive school environment for a student.

Conduct is considered disrespectful behavior if it:

- Creates an imbalance of power between the student aggressor and the student victim through written or verbal expression or physical conduct.
- Interferes with a student's education, or significantly disrupts the operation of a school.

PLEDGE OF RESPECT AND TRUST IN OUR COMMUNITY AND SCHOOL

We believe that everybody should enjoy our schools equally, and feel safe, secure and accepted regardless of color, race, gender, social status, athletic ability, intelligence, religion, culture, academic or social ability, sexual orientation, or any other qualities.

As part of my community and my school, I pledge to:

- Treat others respectfully
- Try to include those who are left out
- Refuse to harass others
- Refuse to watch, laugh or join in when someone is being treated disrespectful
- Refuse to use profanity toward others
- Instead of being a bystander, be an upstander, stand up for those being disrespected or tell an adult
- Be a part of the solution

Student's responsibility: "I will not disrespect or harass my peers and understand that, if I do engage in this behavior, I will have to restore and repair any damage. If I witness any other type of harassment, I will report it to my parent/guardian, teacher, or other school staff."

Parent's responsibility: "I will instruct my child to report any instances of disrespectful behavior to school personnel, and I will report any concerns I have with the way my child is being treated, or if my child reports to me possible disrespectful behavior and harassment of other students."

STUDENT SIGNATURE _____

PARENT SIGNATURE _____

Elementary Respectful Behavior Promise

Inappropriate and intimidating behavior is when someone constantly uses words or actions meant to harm, hurt, or intimidate others.

This includes:

- Unacceptable behavior on the bus or on school grounds
- Using electronic devices or the internet to spread untruths about others often
- Harming or hurting others physically or emotionally consistently
- Threatening or intimidating others repeatedly
- Intentionally leaving others out or encouraging isolation/separation of said student over and over

Pledge of Respect and Trust in Our Community and School:

We believe that everybody should enjoy our school equally, and feel safe, secure and accepted regardless of what they look like, where they came from, what skills or talents they show inside and outside of the classroom-such as athletic ability or interests, popularity, or any other differences.

As part of my community and my school, I pledge to:

- Treat others respectfully
- Try to include those who are left out, and respect that everyone has different interests and talents
- Refuse to participate in mistreating others
- Refuse to watch, laugh, or join in when someone is mistreating others
- Refuse to swear or use hurtful words toward others
- Be an active bystander, stand up for those being mistreated or tell an adult
- Be safe toward others (No hitting, punching, kicking, or throwing harmful objects)
- Be sensitive and caring towards others and don't disrupt the learning environment
- Be respectful of other student's personal space
- Not irritate or annoy a fellow classmate on purpose in order to cause a negative response from the student

Student's responsibility: "I will not mistreat or hurt my fellow classmates or others and understand that if I do join in this type of behavior, I will have to face the situation and restore or repair any damage or harm. If I notice mistreatment or any other inappropriate behavior, I will tell an adult or person in charge of the activity or event."

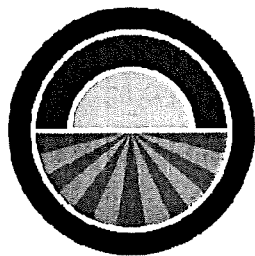
Parent's responsibility: "I will discuss any situations of inappropriate behavior, and I will report any concerns I have with the way my child is being treated, or if my child reports possible mistreatment of others. I will also encourage my child to communicate with their classmates, and let them know when they feel hurt or disrespected. I will empower my child to stand up for themselves and others, and get help from an adult if needed."

Student Signature _____

Parent Signature _____

Wisconsin Migrant Education Program (MEP)

Supporting Migrant Students and Their Families



For families who travel for seasonal or temporary agricultural work.

All information is confidential—we NEVER ask about immigration status.

Free Programs for Students, Ages 3-21

Opportunities to Connect, Explore, and Learn!

- Summer programs with math and reading classes
- Preschool programs for younger children
- Credits for high school graduation
- Connections to local colleges and technical schools
- School supplies, free school meals, and other resources

Fun family and local community activities!

Need help finding legal or financial assistance, medical services, housing, food, childcare, school information?

We're here to help!

To Reach a MEP Recruiter (se habla español)

Damaris Thome: damaris.thome@dpi.wi.gov (608) 617-0598

Rosalinda Martinez: rosalinda.martinez@dpi.wi.gov (608) 228-8749

Asenet Pastorello: asenet.pastorello@dpi.wi.gov (608) 617-2462

Rosa E. Herrera (Green Bay): rosa.herrera@dpi.wi.gov (920) 448-2016

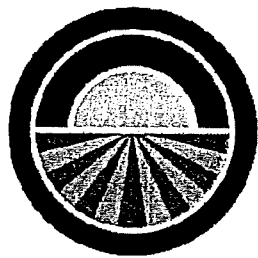


Or use the QR code to fill out a contact form, and we'll be in touch!



WISCONSIN DEPARTMENT OF
Public Instruction
Jill K. Underly, PhD, State Superintendent

Programa de educación migrante de Wisconsin (MEP)



Apoyamos a los estudiantes migrantes y a sus familias
Para las familias que viajan por trabajo agrícola
estacional o temporario.

Toda la información es confidencial. NUNCA le
preguntaremos sobre su estatus migratorio.

Programas gratuitos para estudiantes de 3 a 21 años

¡Oportunidades para conectarse, explorar y aprender!

- Programas de verano con clases de matemática y lectura
- Programas de preescolar para niños más pequeños
- Créditos para graduarse de la preparatoria
- Conexiones con universidades y escuelas técnicas locales
- Útiles escolares, comidas escolares gratuitas, y otros recursos

¡Actividades familiares y de la comunidad local divertidas!

¿Necesita ayuda para recibir asistencia legal o económica, servicios
médico o información sobre vivienda, alimentos,
cuidado infantil o escuela?

¡Estamos aquí para ayudarle!

Para ponerse en contacto con un reclutador de MEP
(se habla español)

Damaris Thome: damaris.thome@dpi.wi.gov (608) 617-0598

Rosalinda Martinez: rosalinda.martinez@dpi.wi.gov (608) 228-8749

Asenet Pastorello: asenet.pastorello@dpi.wi.gov (608) 617-2462

Rosa E. Herrera (Green Bay): rosa.herrera@dpi.wi.gov (920) 448-2016



O utilice el código QR para completar un
formulario de contacto y nos comunicaremos.



WISCONSIN DEPARTMENT OF
Public Instruction
Jill K. Underly, PhD, State Superintendent

Questions for Enrollment to Determine Potential Migrant Eligibility
(See below for Spanish translation)

1. Within the last 3 years, have you or anyone in your household moved for any reason?

YES ___ NO ___

2. Are you working or have you ever worked in agriculture in the last three years?

Yes___ No___

If you answered **NO** to either of these questions, please stop.

If you answered **YES**, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States?

Month_____ Year_____

4. Please check any of the agricultural activities listed below that you have looked for or worked in:

___ Plant or harvest vegetables or fruits

___ Canning vegetables or fruits

___ Detassel corn

___ Sod farm

___ Tobacco farm

___ Planting, pruning or cutting trees

___ Poultry and/or egg farm

____ Dairy farm

____ Duck, turkey, chicken, pork or beef processing plant

____ Flora culture/gladiola farm

____ Aquaculture/fish hatcheries

____ Green house or plant nursery

1. ¿Durante los **últimos 3 años**, se ha mudado usted o alguien de su familia por alguna razón?

SÍ___ NO___

2. ¿Trabaja o ha trabajado en la agricultura en los últimos tres años?

SÍ___ NO___

Si contestó **NO** a cualquiera de las dos preguntas, favor de parar aquí.

Si contestó **SÍ**, favor de continuar.

3. ¿Cuándo fue la última vez que usted o alguien de su familia se mudó para buscar o trabajar en una actividad agrícola dentro de los Estados Unidos?

Mes _____ Año _____

4. Por favor marque en la parte abajo la actividad agrícola en que usted buscó trabajo o trabajó.

___ Matadero de patos, pavos, pollos, cerdos o vacas

___ Enlatar o congelar verduras o frutas en la bodega

___ La espiga (maíz)

___ Trabajar en la siembra o cosecha de césped

___ Cultivar tabaco

___ Plantar, emparejar o cortar árboles

___ Pollería o granja de huevos

___ Granja de vacas lecheras

___ Plantar o cosechar verduras o frutas

___ Cultivar y cosechar flores

___ Trabajar en un criadero de peces

___ Trabajar en la cría de plantas

School District of Bruce

104 W Washington Ave, Bruce, WI 54819

Parent Occupational Survey/State and Federal Reporting purposes: Please complete this form to determine if your child(ren) qualifies to receive additional services under Title I, Part C or McKinney-Vento services.

Parent's/Guardian's Name: _____

Street Address: _____

City: _____ State: _____

Phone Number: _____

Is the student a migrant or a child of a migrant worker?

A "migrant student" is defined as a student who is, or whose parent/guardian is, a migratory fisher, dairy worker, or agricultural worker, AND who in the preceding 36 months has moved from one school district to another in order for the worker to obtain temporary or seasonal employment in agricultural or fishing work. A Certificate of Eligibility (COE) must be on file in the district verifying the student's eligibility. To confirm migrant status, contact the Wisconsin Migrant Education Program staff at 608-266-0925.

☐ Yes

☐ No

Have you moved across district/state lines within the last three (3) years?

☐ Yes

☐ No

Has your family moved in order to seek/obtain agricultural related work?

☐ Yes

☐ No

If so, **when** did your family arrive in the city/town you reside? _____

What is your current living situation? (check box that best describes your situation)

☐ In a fixed, regular and adequate home that we rent or own

(Checking a box below does not guarantee McKinney-Vento services. A staff member may need to contact you for additional information.)

☐ In a shelter (family shelter, domestic violence youth, or temporary housing)

☐ In a motel, hotel, or weekly rate housing

☐ Sharing the housing of other persons due to loss of housing or economic hardship

☐ In an abandoned building, in a car or other inadequate accommodations

☐ On the street

☐ With friends or family because are an unaccompanied youth

Parent's/Guardian's signature: _____ Date: _____

Note to school: If YES is checked, please give this form to district LEA. If NO, file original in students' records.

