

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: _____

BLANKET PERMISSION SLIP

My child _____ has
my permission to go on educational trips within the school
district during the school year.

*This form will only need to be completed one time while
your child is in the Bruce Elementary School.*

Signature _____

BRUCE SCHOOL PICTURE/VIDEOTAPE PERMISSION FORM

During the school year there are many occasions when students have their picture taken or are videotaped during an activity. These pictures or videos may be displayed on the school FaceBook page, school website, Twitter, local newspapers, or other media sources. The district posts these photos to celebrate achievements of students, staff, and the school. However, we do understand that not all parents/guardians are comfortable with having photos taken and being posted.

Please indicate below your preference in having the pictures and videotape of your child shown through the media. This form will only need to be completed one time while your child is in the Bruce Elementary School. If you have any questions or concerns, please contact the school office.

STUDENT NAME

_____ I give permission for my child to be photographed and/or videotaped. These pictures may be used in an educational and/or newsworthy manner on various social media platforms.

_____ I do not give permission for my child to be photographed and/or video taped.

PARENT/GUARDIAN OR AUTHORIZED AGENCY SIGNATURE

DATE

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 _____

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE AT HOME

BLANKET PERMISSION SLIP

The Blanket Permission Slip gives your child permission to go on educational trips within the school district during the school year. Teachers will send information home about these field trips, but will not require another permission slip.

PHOTOGRAPH/VIDEO PERMISSION

During the school year there are many occasions then students have their picture taken or are videotaped during an activity. These pictures are sometimes printed in the newspaper or school newsletter. This gives the school permission to use these in an educational and/or newsworthy manner.

BRUCE SCHOOL RESPECTFUL BEHAVIOR PLEDGE

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

- Be a part of the solution;
- Do my part to make my school and community a safe place by being more sensitive to others;
- Eliminate taunting from my own behavior;
- Encourage others to do the same;
- Set the example of being a caring individual;
- Eliminate profanity toward others from my language;
- Not let my words or actions hurt others;
- I WANT TO BE PART OF THE SOLUTION, I WILL RESTORE OR REPAIR ANY DAMAGE OR HARM!

What is inappropriate and intimidating behavior?

- Intentional, unprovoked efforts to harm
- Repeated negative action by one or more students against another
- Spreading rumors, teasing, name calling, insults, coercion, and exclusion
- Pushing, kicking, hitting, battering, stealing, breaking possessions, aggression, intimidation
- Using social media as a platform to intentionally offend or harm others

Student Name _____

Grade _____

BRUCE SCHOOL SIGNATURE FORM

The following items are necessary for parental permission for students on a yearly basis. Please read the attached forms for information about each one, then initial by each item you give permission for and sign at the bottom of this form. Thank you.

Blanket Permission Slip _____

This is to allow your child to go on educational trips within the school district during the school year. This form will only need to be completed one time while your child is in Bruce Elementary School.

Photograph/Video Permission _____

This is to allow for your child to be photographed and/or videotaped during activities at school. The pictures may be used in an educational and/or newsworthy manner.

Respectful Behavior Promise

This is to agree to the school respectful behavior promise – to be a part of the solution against mistreatment of others at the Bruce School. Your child's signature is required.

Student Signature _____

There may be other forms necessary for school record purposes in addition that need to be signed and submitted separately from this form. Thank you for helping us with this process.

I have reviewed the agreements listed above and, by signing below, agree with the contents of those documents.

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: _____

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

Dear Parents:

With this new year beginning, we would like to remind everyone about the rules regarding the computerized lunch program.

The program operates as follows:

1. Each student will be issued a laminated I.D. card (for which he/she will be responsible). This card will be used throughout the entire year. When the student goes through the lunch line, the student will present their card to the scanner. When the computer reads the card, one meal will automatically be counted for the student. The district food service program will operate under the Community Eligibility Provision, or CEP. The CEP program provides one free breakfast and one free lunch for every student. You may call the school office anytime to get information on your lunch account. Please call Jeanne Weisser at 715-868-2585 ext. 225.
2. Students who wish to purchase *additional* lunches or *extra* milks may do so. Elementary school students must bring the scanner a note from home allowing this transaction to take place. There is one lunch account for each family. When the student's family account reaches \$10.00 dollars, they will be verbally told that their account is reaching a low balance. Grade school students will also receive a red stamp reading "LUNCH MONEY". The purpose of this stamp is to aid the students in remembering to discuss needed lunch money with the appropriate person at home. A waiver may be obtained by contacting the school if you prefer for your children not to be stamped. Upon this request, you will be taking the responsibility to keep track of your lunch account balance to be sure your students have money to purchase additional items. Every student will be charged full price for an additional meal or milk. The only item covered under the CEP program is the first reimbursable meal.
3. If a student loses their lunch card, a new one may be obtained. The cards for elementary school students will be collected by their teacher on a daily basis. We encourage middle/high school students to keep their cards in their wallet or purse. Two replacement cards will be furnished to any student. A .50 charge will be collected for any number above that for cards lost, stolen, or destroyed.
4. Paid, Free, Reduced, and Staff lunch cards will all be handled in the same manner. All information regarding the accounts is confidential.
5. A student whose lunch account is depleted of funds, will not be allowed to purchase any additional meal or milk.

This system has had a very positive effect for the School District of Bruce, and has many advantages. We encourage any questions you may have, and ask that you call 715-868-2585 for information.

Thank you for your cooperation.



Mr. Jeffrey Walsh

District Administrator

Vision: We envision providing our students with all available resources to reach their full potential.

Mission: We cultivate a community of life-long learners.

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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

Dear Parents/Guardians:

Welcome to the Bruce School District. The health of your child is very important to us. In order to best meet your child's needs we ask that you provide specific health information about your child. This letter also contains information for you regarding health and medical care at school.

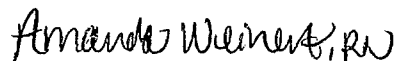
We recommend all children have a medical, dental and vision examination prior to the start of Kindergarten. If your child has certain medical conditions or requires medication at school additional information will be needed. The school district does not purchase any over-the-counter (OTC) medications for general use. If your child needs any OTC or prescription medication at school you must provide the medication and complete the appropriate authorization forms.

Students must be compliant with Wisconsin School Immunization Requirements. Please provide the school with your child's immunization record, including the date each vaccine was administered. Vaccine waivers are available for health, religious, and personal conviction reasons. However, in the event of an outbreak of a vaccine preventable disease, students with waivers may be excluded from school until the outbreak subsides. I encourage you to have your child's immunizations completed as soon as they become due.

If your child is ill please keep them home from school. Children who have a fever, vomiting, or diarrhea should be free of these symptoms for 24 hours, without the use of medication, before returning to school. It is very important that school staff are able to contact someone if your child becomes ill or injured while at school. Please provide us with contact information for yourself and for emergency contacts. Children need to be picked up from school in a timely manner when needed. Remember to keep contact information updated with our school office if changes occur.

Enclosed you will find forms to provide us with this important health information. If you have questions please contact me at 715-868-2585. I look forward to working with you and your child as they begin their great adventure of learning here at the Bruce School.

Respectfully,



Amanda Weinert, RN
School Nurse

The Bruce School District provides a student-centered environment with dynamic educational opportunities in an ever-changing world.

STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age and grade level according to the Wisconsin Student Immunization Law. These requirements can be waived for health, religious, or personal conviction reasons. Additional immunizations may be recommended for your child depending on his or her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

**Table 144.03-A
Required Immunizations for the 2023-2024 School Year**

Age/Grade	Required Immunizations (Number of Doses)							
5 months through 15 months	2 DTP/DTaP/DT		2 Polio			2 Hep B	2 Hib	2 PCV
16 months through 23 months	3 DTP/DTaP/DT		2 Polio	1 MMR		2 Hep B	3 Hib	3 PCV
2 years through 4 years	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B	3 Hib	3 PCV
Kindergarten through grade 6	4 DTP/DTaP/DT		4 Polio	2 MMR	2 Var	3 Hep B		
Grade 7 through grade 12	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B		

- Children 5 years of age or older who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 6, which would normally correspond to the individual's age.
- D = diphtheria, T = tetanus, P = pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students Pre-K through 12; Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note:** A dose four days or less before the 4th birthday is also acceptable.
- DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. **Note:** a dose four days or less before the 4th birthday is also acceptable.
- Tdap is an adolescent tetanus, diphtheria, and acellular pertussis combination vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
- Polio vaccine for students entering grades Kindergarten through 12; Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note:** a dose four days or less before the 4th birthday is also acceptable.
- Laboratory evidence of immunity to hepatitis B is also acceptable.
- MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the 1st birthday. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable. **Note:** A dose four days or less before the 1st birthday is also acceptable.
- Varicella vaccine is chickenpox vaccine. Students with a reliable history of varicella disease are not required to receive the Varicella vaccine. A parent or guardian may indicate that their student has had chickenpox on the Student Immunization Record form (F-04020L).



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 only be waived 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 purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

Step 1 PERSONAL DATA

PLEASE PRINT

Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian		Address (Street, City, State, Zip)		Telephone Number	

Step 2 IMMUNIZATION HISTORY

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, Tdap, or Td. 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 MM/DD/YYYY	SECOND DOSE MM/DD/YYYY	THIRD DOSE MM/DD/YYYY	FOURTH DOSE MM/DD/YYYY	FIFTH DOSE MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine <i>Vaccine is required only if your child has not had chickenpox disease. See below:</i>					
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)			Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s)		

Step 3 REQUIREMENTS

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

Step 4 COMPLIANCE DATA

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** the 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 may result in exclusion from school, court action and/or forfeiture penalty.

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, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap, ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella

☐ For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella

Step 5 SIGNATURE

This form is complete and accurate to the best of my knowledge. Check one: (I do ☐ I do not ☐) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student

Date Signed

STUDENT INFORMATION

STUDENT NAME:	DATE OF BIRTH (mm/dd/yyyy):
PARENT / GUARDIAN NAME(S):	SCHOOL ATTENDING:
HEALTHCARE PROVIDER:	DATE OF EXAMINATION:

IMMUNIZATIONS

Attach a copy of the immunization record.

PERTINENT ILLNESS, COMMUNICABLE DISEASES, RISKS, OR DEVELOPMENT PROBLEMS *Please check all that apply.*

<input type="checkbox"/> ALLERGIES <i>If yes, please list:</i>	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> ATTENTION / LEARNING
<input type="checkbox"/> BLEEDING DISORDER	<input type="checkbox"/> CANCER/LEUKEMIA	<input type="checkbox"/> CEREBRAL PALSY
<input type="checkbox"/> CHICKEN POX <i>If yes, date:</i>	<input type="checkbox"/> CYSTIC FIBROSIS	<input type="checkbox"/> DENTAL PROBLEMS
<input type="checkbox"/> DIABETES	<input type="checkbox"/> EMOTIONAL / BEHAVIORAL	<input type="checkbox"/> ENCOPRESIS
<input type="checkbox"/> ENURESIS	<input type="checkbox"/> GENETIC DISORDERS	<input type="checkbox"/> HEART CONDITIONS
<input type="checkbox"/> HEARING DISORDER	<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> KIDNEY DISORDER
<input type="checkbox"/> LEAD LEVEL <i>If yes, test done: <input type="checkbox"/> YES <input type="checkbox"/> NO At risk: <input type="checkbox"/> YES <input type="checkbox"/> NO</i>	<input type="checkbox"/> OBESITY	<input type="checkbox"/> ORTHOPEDIC CONDITION
<input type="checkbox"/> PNEUMONIA	<input type="checkbox"/> SEIZURE / CONVULSIONS	<input type="checkbox"/> SICKLE CELL ANEMIA
<input type="checkbox"/> SPEECH / LANGUAGE	<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> VISION
<input type="checkbox"/> OTHER <i>If yes, please list:</i>		
<input type="checkbox"/> COMMENTS <i>If yes, please explain all that apply:</i>		

PHYSICAL EXAMINATION

	NORMAL	ABNORMAL
GENERAL APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>
SKIN	<input type="checkbox"/>	<input type="checkbox"/>
NECK	<input type="checkbox"/>	<input type="checkbox"/>
CHEST	<input type="checkbox"/>	<input type="checkbox"/>
HEART	<input type="checkbox"/>	<input type="checkbox"/>
ABD/GENITALIA	<input type="checkbox"/>	<input type="checkbox"/>
MUSCULOSKELETAL	<input type="checkbox"/>	<input type="checkbox"/>
NEURO	<input type="checkbox"/>	<input type="checkbox"/>

HEIGHT:
WEIGHT:
BLOOD PRESSURE: /
HEARING: R L
VISION: R L
<i>Optional:</i>
HCT/HGB:
UA:
TB TEST <i>Date:</i>
<i>Type:</i> <i>Results:</i>

SUMMARY OF FINDINGS

<input type="checkbox"/> WELL CHILD; NO CONDITIONS IDENTIFIED OF CONCERN
<input type="checkbox"/> CONDITIONS IDENTIFIED THAT ARE OF CONCERN TO SCHOOL AND/OR PHYSICAL ACTIVITY <i>Complete sections below and explain here:</i>
<input type="checkbox"/> INDIVIDUAL HEALTH PLAN NEEDED
<input type="checkbox"/> SPECIAL DIET REQUEST FORM
<input type="checkbox"/> PHYSICAL EDUCATION EXCUSE
<input type="checkbox"/> MEDICATION ORDER FORM
<input type="checkbox"/> ASTHMA MEDICATION ORDER FORM
<input type="checkbox"/> ALLERGY / ASTHMA ACTION PLAN

PROVIDER INFORMATION

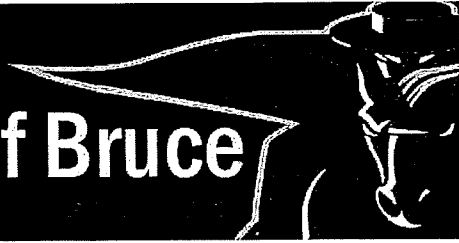
PROVIDER'S NAME:	PHONE:
ADDRESS:	CITY: ZIP:

PROVIDER'S SIGNATURE

DATE

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

School District of Bruce



Dental Examination

Student's Name _____ Birth Date _____

Parent or Guardian _____

TO THE PARENT: We recommend you to take your child to the dentist before school begins for a dental examination and any necessary treatment.

When the examination and treatment are completed and the dentist has signed this form, **please return this form to the school.**

.....

TO THE DENTIST: Please complete the following and return this form to the family or school.

_____ Child is involved in a preventive dental program.

_____ All necessary dental work has been completed.

_____ No Dental work is necessary.

_____ Treatment is in progress.

Signature of Dentist

Date

Printed Name of Dentist: _____

Address _____

Phone: _____

Please return this form to the School. Thank you.

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.

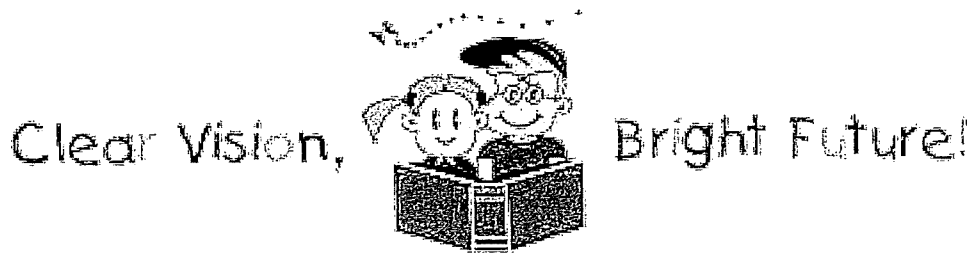
Disclosure of this information is voluntary and there is no penalty for non-compliance.

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 _____



What every parent should know for good vision and healthy eyes:

- 80 percent all learning during a child's first 12 years of life is obtained through vision.
- Vision disorders are the 4th most common disability in the United States and the most prevalent handicapping condition in childhood.
- 8 to 12 million school age children are at risk from undetected vision impairments.

The bottom line is: Your child's ability to see clearly in school will have an enormous impact on their ability to learn. As parents, you can ensure that your child's academic performance is maximized from the beginning of their educational career by having their eyes tested. Undiagnosed and, therefore, untreated vision problems among our children represent one of the most serious, yet overlooked, health issues facing our nation.

Under the "Clear Vision, Bright Future" Initiative, Wisconsin optometrists have partnered with parents, school district administrators, school nurses and other health providers to encourage students to receive the eye health and vision care they need. This Initiative provides the opportunity not only to enhance the academic future of your child, but also to provide a strong foundation for those who may be at risk for visual learning problems.

Parents & Teachers - Please do not assume that a child has healthy eyes and no problems seeing in school. That assumption could risk the child's future eye health and school achievement. Have their eyes examined.

Tips for parents scheduling comprehensive eye exams for their children:

1. Schedule the exam early in the day, at least 3-4 months before school starts
2. Let your child know that there won't be any shots involved
3. Make a game of it; practice looking at pictures and making it fun

Wisconsin Law

A current Wisconsin law, Statute Chapter 118.135 states: Each school board shall request each pupil entering kindergarten to provide evidence that the pupil has had his or her eyes examined by an optometrist or evaluated by a physician.

Financial Assistance for Eye Exams

Many children in Wisconsin do not have insurance coverage for eye examinations. Member doctors of the Wisconsin Optometric Association (WOA) provide free eye examinations for children who do not have insurance and who cannot afford such care.

Please contact the WOA's VISION USA Program at (877) 435-2020 to request an application form or for more information regarding this special program.



SCHOOL DISTRICT OF BRUCE

Authorization for Medication Administration

Non-Prescription Medication

Student Name: _____ Date of Birth: _____

Grade: _____ Teacher (if in elementary school): _____

— Medication Information & Instructions —

Medication Name: _____

☐ Tablet/Capsule ☐ Liquid ☐ Other _____

Dose & Frequency: _____

☐ Use throughout school year 20____ - 20____ OR ☐ Start date _____ End date _____

Reason for medication: _____

Parent/Guardian Signature

I understand the following:

- Medication must be in the original container with labels and instructions.
- Medication must be age appropriate for the student and not expired.
- Medication must be administered according to the manufacturer's instructions.
- Unused medication must be picked up from school at the end of the school year or it will be disposed of.
- New permission forms must be completed each school year and if there are changes in the medication or dose.

School personnel have my permission to administer this medication/treatment as indicated above. I agree to hold the school district, its employees or persons who are acting on this request, harmless in any and all claims arising from the administration of this medication/treatment at school and school events.

Parent/Guardian Signature

Relationship to student

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:

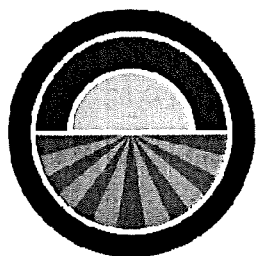
Student's Medical Provider and Clinic: _____

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: _____

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

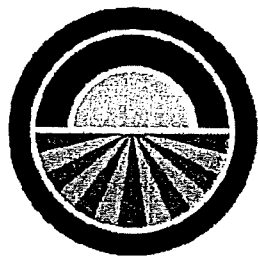


Or use the QR code to fill out a contact form, and we'll be in touch!



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.

