

# 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](mailto:weisser@bruce.k12.wi.us) OR Lori at: [lorisue@bruce.k12.wi.us](mailto: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<br><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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

05/05/2022

*For ESL Use Only*

ESL Test Date \_\_\_\_\_

ESL Evaluator \_\_\_\_\_

ESL Level \_\_\_\_\_

*School District of Bruce*

**Designated Staff:**  
Initial in box after reviewing form for check marks in any of the first seven questions.

**HOME LANGUAGE SURVEY**

**TO BE COMPLETED FOR ALL NEW STUDENTS**

The completion of a HomeLanguage Survey is a requirement under WI Statutes PI 13 for all districts in the state of Wisconsin. Your cooperation in providing the following information is appreciated.

|   |                    |                        |
|---|--------------------|------------------------|
| Student's Name:   | Date of Birth:     | Grade/School Location: |
| Address:  | Work Phone Number: | Home Phone Number:     |
| <b>Relationship of Person Completing Survey</b><br><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other Specify _____ |                    |                        |

**Directions:** Check the correct response for each of the following questions and indicate other languages if appropriate.

|   | ENGLISH                  | OTHER                    | NAME OF LANGUAGE |
|---|--------------------------|--------------------------|------------------|
| 1. What language did the student <i>learn</i> when he or she first began to talk?                 | <input type="checkbox"/> | <input type="checkbox"/> | _____            |
| 2. What language does the family speak at home <i>most of the time</i> ?                          | <input type="checkbox"/> | <input type="checkbox"/> | _____            |
| 3. What language(s) does the student <i>hear and understand in the home</i> ?                     | <input type="checkbox"/> | <input type="checkbox"/> | _____            |
| 4. What language does the parent(s) speak to her/his child <i>most of the time</i> ?              | <input type="checkbox"/> | <input type="checkbox"/> | _____            |
| 5. What language does the student speak to his/her parents <i>most of the time</i> ?              | <input type="checkbox"/> | <input type="checkbox"/> | _____            |
| 6. What language does the student speak to his/her friends <i>most of the time</i> ?              | <input type="checkbox"/> | <input type="checkbox"/> | _____            |
| 7. What language does the student speak to his/her brothers and sisters <i>most of the time</i> ? | <input type="checkbox"/> | <input type="checkbox"/> | _____            |

|   | Yes                      | No                       | Other? |
|---|--------------------------|--------------------------|--------|
| 8. Can an adult family member or extended family member <u>speak</u> English?                             | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| 9. Can an adult family member or extended family member <u>read</u> English?                              | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| 10. Do the parents/guardians request oral and/or written communication from the school to be in English ? | <input type="checkbox"/> | <input type="checkbox"/> | _____  |

If no, in what language? \_\_\_\_\_

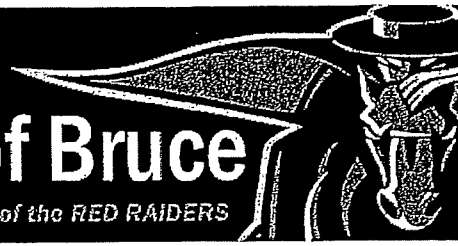
Name of Person Completing Survey: \_\_\_\_\_ Date Signed: \_\_\_\_\_

(PLEASE PRINT CLEARLY)

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 7<sup>th</sup> - 11<sup>th</sup> grades students need the above immunizations and:

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

### For entry to 12<sup>th</sup> 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,

A handwritten signature in black ink that reads "Amanda Weinert, RN". The signature is written in a cursive, flowing style.

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 \_\_\_\_\_