



Stevens Point Area Public School District  
 1900 Polk Street  
 Stevens Point, WI 54481  
[www.pointschools.net](http://www.pointschools.net)

# Gesell Institute (3K)

## Student Enrollment Information Form

### STUDENT INFORMATION

Last Name (Legal Name)	First Name (Legal Name)	Middle Name	Birth Date	Birth City and State	Gender	Grade
			- -			PK

Please circle answer

- Is this child currently receiving special education services (has an IEP)? Yes / No
- Has this child previously received special education services (had an IEP)? Yes / No
- Name of school student previously received services at: \_\_\_\_\_
- City/State previous school was located in: \_\_\_\_\_
- Does this child use a language other than English? Yes / No
- If yes, what language?** \_\_\_\_\_
- Is either parent/guardian on active duty in the military? Yes / No
- Is either parent/guardian a traditional member of the Guard or Reserve? Yes / No
- Is either parent/guardian a member of the Active Guard/Reserve (AGR) Yes / No
- Do you live in the Stevens Point Area School District? Yes / No
- Are there siblings currently attending the Stevens Point Public Schools? Yes / No

**If yes, please list:**

Name: \_\_\_\_\_ Grade: \_\_\_\_ Name of school: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_ Name of school: \_\_\_\_\_

*By signing this form, I am certifying and representing that I have the legal authority to enroll this child.*

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only			
Start Date	School/Site	Proof of Residency	Verified Birth Certificate
- -		Yes / No	Yes / No



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# Family Information Form

**Please note:** Information regarding the student will be provided to each parent unless a certified copy of a court order is on file which curtails or restricts the rights and privileges of either parent. **Please circle answer**

Is there a Court Order dealing with custody and placement of the child(ren) you are enrolling? Yes / No  
 If yes, please fill out Form A.

## PRIMARY CUSTODIAL FAMILY

(where child lives during the school week)

Last Name:	First Name:	Middle:	Relationship to Student:	Custodial Parent/Guardian: Yes / No	Pick Up Yes / No
Cell Phone: ( )		Work Phone: ( )		Email:	
Last Name:	First Name:	Middle:	Relationship to Student:	Custodial Parent/Guardian: Yes / No	Pick Up Yes / No
Cell Phone: ( )		Work Phone: ( )		Email:	
Home Street Address:			Apt. #	City:	State: Zip:
PO Box/Separate Mailing Address:			City:	State:	Zip:

**EMAIL PERMISSION:** I the undersigned give my permission for the teaching and administrative staff of the Stevens Point Area School District permission to e-mail academic, attendance, or discipline information to the email address listed.

\_\_\_\_\_  
 Enrolling Parent/Guardian Signature

\_\_\_\_\_  
 Signature Date

## SECONDARY CUSTODIAL FAMILY

(legal parent/guardian only if divorced or separated)

Last Name:	First Name:	Middle:	Relationship to Student:	Custodial Parent/Guardian: Yes / No	Pick Up Yes / No
Cell Phone: ( )		Work Phone: ( )		Email:	
Last Name:	First Name:	Middle:	Relationship to Student:	Custodial Parent/Guardian: Yes / No	Pick Up Yes / No
Cell Phone: ( )		Work Phone: ( )		Email:	
Home Street Address:			Apt. #	City:	State: Zip:
PO Box/Separate Mailing Address:			City:	State:	Zip:

**EMAIL PERMISSION:** I the undersigned give my permission for the teaching and administrative staff of the Stevens Point Area School District permission to e-mail academic, attendance, or discipline information to the email address listed.

\_\_\_\_\_  
 Enrolling Parent/Guardian Signature

\_\_\_\_\_  
 Signature Date

## General Health Care Management Plan

**Please circle answer**

Does your student have an Allergy or other Medical Conditions?

Yes / No

*If yes, please complete the following questions below.*

1. Please list the Allergy and/or other Medical Condition(s) your student has:

2. Does your child take any medication(s)?

Yes / No

**If yes, name of medication(s) and dose:**

Medication:

Dose:

Time(s) of day medication(s) are taken:

**Please note:** *If your child requires medication at school, you MUST have a Prescription Medication Permission form signed by the doctor and parent, on file for this school year, BEFORE the medication can be given.*

3. What is the date of your student's last medical evaluation?

4. Describe your student's condition and how you would like the District to manage it at school:

6. Does your child have any physical restrictions?

Yes / No

**If yes, please provide the doctors release to the school office.**

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:

## Student's Emergency Contact Information

<i>Last Name (Legal Name)</i>	<i>First Name (Legal Name)</i>	<i>Middle Name</i>	<i>Birth Date</i>	<i>Grade</i>
			- -	

Name three local people (other than parent/guardian) authorized to be contacted if you cannot be reached:

<b>Last Name:</b>	<b>First Name:</b>	<b>Relationship to Student:</b>	<b>Pick Up Yes / No</b>
Cell Phone: ( )		Work Phone: ( )	
<b>Last Name:</b>	<b>First Name:</b>	<b>Relationship to Student:</b>	<b>Pick Up Yes / No</b>
Cell Phone: ( )		Work Phone: ( )	
<b>Last Name:</b>	<b>First Name:</b>	<b>Relationship to Student:</b>	<b>Pick Up Yes / No</b>
Cell Phone: ( )		Work Phone: ( )	

Please list the name(s) of physician(s), hospital(s), and clinic(s) you would prefer be contacted or provide care for your child should you not be able to be reached:

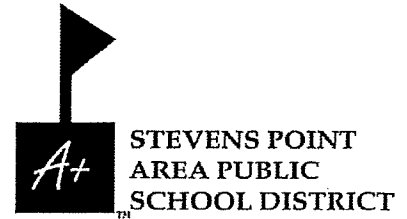
Physician(s)	Telephone	Hospital/Clinic

I, the undersigned do hereby authorize officials of the Stevens Point School District to contact the persons named on this card, and do authorize the named physician(s) to render such treatments as may be deemed necessary in an emergency, for the health of said child. In the event that physician(s) or other persons named on this card cannot be contacted, the school officials are authorized to take whatever action is deemed necessary in their judgment, for the health of said child. The information you provide will be shared with school and medical personnel for educational purposes and/or to protect the life and safety of your child.

I will not hold the school district responsible for the emergency care and/or transportation for said child. I understand that this card will be shared with all school and medical emergency personnel for educational purposes and/or to protect the life and safety for your child.

Parent/Guardian Signature	Date
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Caleb Feidt, Director of Student Services  
Bliss Educational Services Center  
1900 Polk Street, Stevens Point, WI 54481



## Complete 1 form for each student

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Please answer **BOTH** questions 1 and 2.

### Ethnicity:

1. Is this student Hispanic or Latino? (*Choose only one*) A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

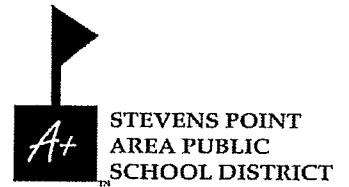
- No, not Hispanic or Latino
- Yes, Hispanic or Latino

### Race:

2. Is this student: (*Choose one or more. You must select at least one.*)

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Children of Divorced/Separated Parents Policy – Enrollment/Change Parent Form

\_\_\_\_\_  
Name of enrolling Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address/City/State

\_\_\_\_\_  
Telephone Number

### 1. List full name(s) of child(ren) affected by Court Order and the school attending:

\_\_\_\_\_  
(First Full Name)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
School

\_\_\_\_\_  
(First Full Name)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
School

\_\_\_\_\_  
(First Full Name)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
School

\_\_\_\_\_  
(First Full Name)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
School

### 2. List the Parent/Guardian to the action affecting the above child(ren):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

### 3. Please check one:

I have full custody and primary physical placement of the child(ren) listed on this form (attach Court Order).

I have full custody and shared physical placement of the child(ren) listed on this form (attach Court Order).

I have joint custody and shared physical placement of the child(ren) listed on this form (attach Court Order).

I have joint custody and primary physical placement of the child(ren) listed on this form (attach Court Order).

### 4. Does the most recent Court Order curtail or restrict the rights and privileges of the other parent to be kept advised of the child(ren)'s school progress and school activities or participation?

Yes  (attach Court Order)

No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# The Wisconsin HLS Form

## 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 by 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 the services offered to your child.

## Section 1

1. Was the first language used by this student English?

Yes: Go to Question 2

No: Go to Question 3

2. When at home, does this student hear or use a language other than English more than half of the time?

Yes: Go to Question 4

No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

3. When at home, does this student hear or use a language other than English more than half of the time?

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 4

4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 5

5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 6

6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 7

7. Is this student a Native American, Native Alaskan, or Native Hawaiian?

Yes: Go to Question 8.

No: Go to Question 9

8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 9

9. Has this student recently moved from another school district where they were identified as an English Learner?

Yes: Rescreen the student if they meet the criteria for rescreening. See EL Policy Handbook. Otherwise, student's ELP should be carried over from the sending district.

No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

## Section 2

HLS Result:  Screen /  Do not Screen

Languages other than English used by student, if identified:

Parental preference for languages used for school communications (may be multiple):

Parent Name: \_\_\_\_\_

Oral: \_\_\_\_\_

Written: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Oral: \_\_\_\_\_

Written: \_\_\_\_\_