



# PORT EDWARDS PUBLIC SCHOOLS REGISTRATION FORM

## FOUR-YEAR-OLD HALF-DAY KINDERGARTEN

Revised 1/3/22

Child's Legal Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
Last First Middle

Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Must be four on/before Sept. 1<sup>st</sup>) City County State

Mother Cell: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Father Cell: \_\_\_\_\_  
Street City Zip

Ethnic Origin : Please complete back side of form. Name to be used in class, if different from legal name: \_\_\_\_\_

Is child right-handed or left-handed? Right \_\_\_\_\_ Left \_\_\_\_\_ Unsure \_\_\_\_\_ Is child toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_

First Name	Last Name	Living?	Email	Business Phone
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Father: \_\_\_\_\_ Y N \_\_\_\_\_

Mother \_\_\_\_\_ Y N \_\_\_\_\_

Step Parent \_\_\_\_\_ Y N \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Y N \_\_\_\_\_

Child living with \_\_\_\_\_

**Four-Year-Old Kindergarten will be held at the Ed Heuer Elementary School. Transportation will be provided within the district.** There may be openings at the Wisconsin Rapids and Nekoosa sites listed below. In the event your child is put on a waiting list for the YMCA site, number your 2<sup>nd</sup> & 3<sup>rd</sup> choices. Sites are subject to change.

\_\_\_\_\_ Building Blocks Learning Center \_\_\_\_\_ Grant Elementary \_\_\_\_\_ THINK Academy (Rudolph)  
\_\_\_\_\_ YMCA \_\_\_\_\_ Woodside Elementary \_\_\_\_\_ Biron Head Start (Head Start Students Only) \_\_\_\_\_ Pitsch Early  
Learning Center (one BBLC & one BBLC w/LOT classroom) \_\_\_\_\_ Humke Elementary 4K (Nekoosa)

Is your child currently enrolled in a preschool, Head Start, day care, or early childhood program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

Will your child require day care before or after the 4-year-old kindergarten program? Yes \_\_\_\_\_ No \_\_\_\_\_

Will your child utilize the bussing to and from school provided by the school district? Yes \_\_\_\_\_ No \_\_\_\_\_

Residence child to be **picked up** at: (An adult **MUST** be present with the child at pick up and drop off locations.)

\_\_\_\_\_  
(Name) (Address) (Phone)

Residence child to be **dropped off** at:

\_\_\_\_\_  
(Name) (Address) (Phone)

Child's rank in family \_\_\_\_\_ Number of sisters \_\_\_\_\_ Number of brothers \_\_\_\_\_

Names & birthdates of other children in family (beginning with oldest)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Please return to:** Port Edwards Public Schools  
Attn: Tina Melvin  
951 5<sup>th</sup> Street  
Port Edwards, WI 54469

### Office Use only

First Day in Attendance \_\_\_\_\_ Reg. Rank # \_\_\_\_\_  
Birthdate Verified (Initial) \_\_\_\_\_ Session Preference  
A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

## RACE/ETHNICITY

The U.S Department of Education requires all public schools to collect data on the race and ethnicity of all students and staff. Please answer the questions below.

### Part I: Ethnicity Designation

**Is the person Hispanic or Latino?** Must choose one.

- ☐ Hispanic or Latino *[If selected go to Question I-A]*  
☐ Not Hispanic or Latino *[If no, go to Question Part II]*

**Optional Question I-A:** If Hispanic or Latino was chosen above, select all that apply from the list below:

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Columbian                         | <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Guatemalan |
| <input type="checkbox"/> Mexican                           | <input type="checkbox"/> Puerto Rican        | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Spaniard/Spanish/Spanish-American | <input type="checkbox"/> Decline to indicate |                                     |
| <input type="checkbox"/> Unknown                           | <input type="checkbox"/> Other               |                                     |

### Part II: Race Designation

**Select one or more of the following categories that apply to this person:**

- ☐ American Indian or Alaska Native *[If selected go to question II-A]*

**Optional Question II-A:** If chosen, select only one tribal affiliation

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Bad River Band   | <input type="checkbox"/> Forest County   | <input type="checkbox"/> Ho-Chunk    |
| <input type="checkbox"/> Lac Courte Oreilles  | <input type="checkbox"/> Lac du Flambeau | <input type="checkbox"/> Menominee   |
| <input type="checkbox"/> Oneida Nation (Wisconsin)  | <input type="checkbox"/> Red Cliff       | <input type="checkbox"/> Sokaogon    |
| <input type="checkbox"/> St. Croix  | <input type="checkbox"/> Stockbridge     | <input type="checkbox"/> Brothertown |
| <input type="checkbox"/> Other <i>Please select value from this <a href="#">Tribal Affiliation List</a></i> |  |                                      |

- ☐ Asian *[If selected go to question II-B]*

**Optional Question II-B:** If chosen, select all that apply from the list below:

- |                                  |                                     |  |
|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Chinese    | <input type="checkbox"/> Filipino            |
| <input type="checkbox"/> Hmong   | <input type="checkbox"/> Indian     | <input type="checkbox"/> Karen               |
| <input type="checkbox"/> Korean  | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Decline to indicate |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other      |  |

- ☐ Black or African American *[If selected go to question II-C]*

**Optional Question II-C:** If chosen, select all that apply from the list below:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> African-American    | <input type="checkbox"/> Ethiopian-Oromo | <input type="checkbox"/> Ethiopian-Other |
| <input type="checkbox"/> Liberian            | <input type="checkbox"/> Nigerian        | <input type="checkbox"/> Somali          |
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Unknown         |  |
| <input type="checkbox"/> Other               |  |  |

- ☐ Native Hawaiian or Other Pacific Islander

- ☐ White

## 4-YEAR-OLD KINDERGARTEN MEDICAL RECORD

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address \_\_\_\_\_

Family Physician: \_\_\_\_\_

### MEDICAL HISTORY (check items child has had)

Bronchitis	_____	Chicken Pox	_____	Diabetes	_____
Ear Infections	_____	Epilepsy	_____	Heart Disease	_____
Kidney Infection	_____	Measles	_____	Mumps	_____
Pneumonia	_____	Premature Birth	_____	Rheumatic Fever	_____
Scarlet Fever	_____	Whooping Cough	_____		

Other \_\_\_\_\_

Vision Problem (explain) \_\_\_\_\_

Does your child wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

Hearing Problem (explain) \_\_\_\_\_

Allergies: \_\_\_\_\_

Food: \_\_\_\_\_

Animal: \_\_\_\_\_

Seasonal: \_\_\_\_\_

Does your child require an Epipen/antihistamine (Benadryl)? Yes \_\_\_\_\_ No \_\_\_\_\_

Respiratory Difficulties (Asthma): \_\_\_\_\_

Serious accidents: \_\_\_\_\_

Operations (what and when): \_\_\_\_\_

Is your child toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child take prescribed medication (home or school)? Yes \_\_\_\_\_ No \_\_\_\_\_

What medication: \_\_\_\_\_

For what reason: \_\_\_\_\_

Are there any special medical or other concerns that the school should be aware of to enable us to design an educational program for your child? \_\_\_\_\_

Would you like to be contacted by the school nurse before school starts? Yes \_\_\_\_\_ No \_\_\_\_\_



## 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: \_\_\_\_\_

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

*\*See EL Policy Handbook Chapter 2. Otherwise, student's ELP should be carried over from the sending district.*

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## Section 2

HLS Result: **Screen** / **Do Not Screen** (circle one)

## MCKINNEY VENTO

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento act are entitled to immediate enrollment in school even when all required documents may not be readily available. Students who are protected under the McKinney-Vento Act may also be eligible for transportation assistance and other services.

Presently, where is the student living? (Check one box)

- ☐ In own house or apartment
- ☐ Living with family or friends temporarily due to loss of housing, economic hardship, or similar reason
- ☐ In transitional housing/or shelter
- ☐ In hotel/motel
- ☐ In campground, car, or parks
- ☐ In substandard housing (housing with no operable plumbing, electricity, or safe source of heat)

The student lives with (Check one box):

- ☐ Parent(s)/Legal guardian(s)
- ☐ Relatives
- ☐ Friends
- ☐ By him/herself
- ☐ Other

Please list any children that you have living with you that are under the age of 4 and their age:

Child #1:	_____	Birthdate:	_____
Child #2:	_____	Birthdate:	_____
Child #3:	_____	Birthdate:	_____
Child #4:	_____	Birthdate:	_____

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

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