



Bonduel Elementary School

400 W. Green Bay St.
P.O. Box 310
Bonduel WI 54107
Phone: 715-758-4850 Ext. 2

Request For Transfer of Student Records

Date: _____

School Requesting Records From: _____

Address: _____

Phone: _____ Fax: _____

Student Name	Grade	Date of Birth

In Compliance with Final Regulations-Family Education Rights and Privacy Act, dated June 17, 1976, which states that it is no longer necessary to obtain written consent to release records between school systems, we are requesting the following information.

- Progress records pertinent to grades, attendance, extra-curricular activities
- Behavioral records, including psychological testing, personality evaluations, test relating to achievement or measurement of ability.
- Permanent health records
- All Special Education Records

Transfer of Records: Within 5 working days, a school district shall transfer to another school or school district all pupil records relating to a specific pupil if the transferring school district has received written notice from the pupil if he or she is an adult or his or her parent or guardian if the pupil is a minor that the pupil intends to enroll in the other school or school district, or written notice from the other school or school district that the pupil has enrolled.

PLEASE FAX CURRENT IEP TO: 1-715-997-3190

or email: dowdemel@bonduel.k12.wi.us

Please send records to:

**BONDUEL ELEMENTARY SCHOOL
P.O. BOX 310
BONDUEL, WI 54107**

Or email: borowmon@bonduel.k12.wi.us

Birth Certificate Verification Form

Please display the information exactly as its listed on the birth certificate.

PLEASE PRINT CLEARLY. (The Birth Certificate will need to be brought to the office for office personnel to verify the bottom portion of this form)

Student Name Spelling:

Last: _____ First: _____ Middle: _____

Date of Birth: _____ Gender: Female / Male

Place of Birth: _____
City State County

Mother's Name: Last _____ First: _____ Middle: _____

Date of Birth: _____

Mother's Current Last Name if Different than on the Birth Record: _____

Father's Name: Last _____ First: _____ Middle: _____

Date of Birth: _____

----- Information below to be completed by Office Staff only -----

Verified by: _____ Date: _____

Document #: _____

3K

2026-2027 REGISTRATION/EMERGENCY FORM

School District of Bonduel

400 W Green Bay St. PO Box 310 Bonduel, WI 54107

Office only:

Proof of Residency

Birth Certificate

Legal Documents

Verified by: _____

PRINT STUDENT'S LEGAL NAME

Last _____ First _____ Middle _____ (Nickname) _____

Date of Birth ____/____/____ Age _____ Gender: Male Female

City & State of Birth _____ County of Birth _____

School District Family 1 Resides In _____

RACE/ETHNICITY

White Hispanic/Latino American Indian or Alaskan Native Asian Black or African American

Middle Eastern or North African Native Hawaiian or Other Pacific Islander

LANGUAGE(S) other than English spoken in the home: _____

PARENT/GUARDIAN INFORMATION – FAMILY 1 – PRIMARY GUARDIAN/S THIS STUDENT LIVES WITH

Last _____ First _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

P.O. Box _____ County _____ Current Township _____

Relationship to student: Dad Mom Legal Guardian

Employer: _____ City: _____ Work Phone: _____

Home Email: _____ Work Email: _____

Last _____ First _____ Phone: _____

Relationship to student: Dad Mom Stepdad Stepmom Guardian Other

Employer: _____ City: _____ Work Phone: _____

Home Email: _____ Work Email: _____

Legal custody belongs to: Both Mother Father

PARENT/GUARDIAN INFORMATION – FAMILY 2 – SPLIT HOUSEHOLDS – DIFFERENT ADDRESSES

Last _____ First _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

P.O. Box _____ County _____ Current Township _____

Relationship to student: Dad Mom Legal Guardian

Employer: _____ City: _____ Work Phone: _____

Home Email: _____ Work Email: _____

Last _____ First _____ Phone: _____

Relationship to student: Guardian Stepdad Stepmom Other

Employer: _____ City: _____ Work Phone: _____

Home Email: _____ Work Email: _____

Is there a court order dealing with the custody or visitation of the enrolling student? Yes No

Is there a court order that would prohibit the school from releasing information to either parent Y N

(The office will need a copy of all legal documents related to child custody information prior to enrollment and/or start date)

Is the parent/guardian in the military? Yes No

MEDICAL/DENTAL INFORMATION

Medical Alerts: Please list any concerns which school personnel should be aware of: (examples are: allergy to bee stings, seizure disorders, asthma, diabetes). Please specify: _____

Medications: _____

Will this student be taking any prescribed medications at school? Yes No

If yes, a Medication Authorization/Consent form must be completed per medication.

Is there any other information about your child and /or family that the school needs to know?

Please explain: _____

Family Physician: _____ Phone: _____ City, State _____

Family Dentist: _____ Phone: _____ City, State _____

I hereby authorize school personnel to call a physician, dentist, or emergency vehicle if an emergency exists. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I understand that this information will be shared with all school personnel that need to know this information to protect the life and safety of said child.

I further authorize emergency treatment to be initiated at the medical facility to which my child is transported. I do hereby indemnify and hold harmless the physician, hospital and other persons who act in reliance upon this authorization.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

EMERGENCY CONTACTS – Frequently when children become ill or injured, we find it difficult to reach parents or legal guardians for immediate action. Please list several alternate contacts that we can notify in the local area in case we are unable to reach either mother, father, or legal guardian.

(Do not include yourself, we will always contact you first)

Contact #1

Last name _____ First name _____ Phone #: _____

Address _____ City _____ State _____

Relationship to child: _____

Contact #2

Last name _____ First name _____ Phone#: _____

Address _____ City _____ State _____

Relationship to child: _____

WEB PUBLISHING CONSENT

Yes, I give my permission to allow the use of pictures of student (still or video), student's work samples (including voice recordings), and student name to be published on the School District of Bonduel web site.

No, I do not grant permission to allow the use of pictures of student (still or video), student's work samples (including voice recordings), and student name to be published on the School District of Bonduel web site.

EARLY DISMISSAL

In the event school is cancelled early, how will your child be going home?

Ride Bus Walk home Pick up Other: please list _____

Office use only: Student # _____ Wise ID _____ Homeroom _____



HOME LANGUAGE SURVEY

Information about the language spoken in the home

Student Information	
First Name:	Date of Birth:
Last Name:	School: BES / JR HIGH / BHS

Questions for Parents or Guardians	✓ Check one
What is the language most frequently spoken at home? ¿Cuál es el idioma que se habla con más frecuencia en casa?	<input type="radio"/> English/Inglés <input type="radio"/> Spanish/Español <input type="radio"/> Other/Otros
What language did your child learn when he/she began to talk? ¿Qué idioma aprendió su hijo cuando comenzó a hablar?	<input type="radio"/> English/Inglés <input type="radio"/> Spanish/Español <input type="radio"/> Other/Otros
Which language does your child most frequently speak at home? ¿Qué idioma habla su hijo con más frecuencia en casa?	<input type="radio"/> English/Inglés <input type="radio"/> Spanish/Español <input type="radio"/> Other/Otros
Which language do you most frequently speak to your child? ¿Qué idioma le habla con más frecuencia a su hijo?	<input type="radio"/> English/Inglés <input type="radio"/> Spanish/Español <input type="radio"/> Other/Otros

Parent Preferences	
In what language would you prefer to get information from school? ¿En qué idioma preferiría obtener información de la escuela?	<input type="radio"/> English/Inglés <input type="radio"/> Spanish/Español <input type="radio"/> Other/Otros

ETHNICITY DESIGNATION

PART I:

Is the student Hispanic or Latino? *Must choose one below.*

- Hispanic or Latino (If selected go to Question I-A)
 Not Hispanic or Latino (If selected, go to Part II)
-

Question I-A: If Hispanic or Latino was chosen above, select all that apply 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:

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

American Indian or Alaska Native (if chosen, select all that apply from the list below)

- | | | |
|--|--|--------------------------------------|
| <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: _____ | | |
-

Asian (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 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



School District of Bonduel

400 West Green Bay Steet Bonduel, WI 54107



STUDENT SCREENING FORM

STUDENT: _____ D.O.B. _____ GRADE: _____

PARENTS: _____ PH #: _____

ADDRESS: _____

Date of Entry: _____ Previous School: _____

Street Address: _____

City/State/Zip: _____

Please answer the following questions regarding your child's educational history. Please circle Yes or No.

- 1). Does your child have a current IEP? Y N Does your child have a current 504? Y N
 Has your child been referred for an IEP? Y N Has your child been referred for a 504? Y N
 Has your child been expelled from school? Y N

2). Has your child received special services? Circle yes or no for each of the categories below:

Autism	Yes	No	Related Services:		
Traumatic Brain Injury	Yes	No	Occupational Therapy	Yes	No
Cognitive Disability	Yes	No	Physical Therapy	Yes	No
Learning Disability	Yes	No	Adaptive Physical Education	Yes	No
Hearing Impairment	Yes	No	Other:		
Visual Impairment	Yes	No	Remedial Reading Services	Yes	No
Speech or Language Delays	Yes	No	Title 1 Reading	Yes	No
Emotional Disturbance	Yes	No	Title 1 Math	Yes	No
Orthopedic Impairment	Yes	No	Gifted and Talented Services	Yes	No
Other Health Impairment	Yes	No	At-Risk Programing	Yes	No
Significant Developmental Delay	Yes	No	Alternative School Programming	Yes	No

3). Does your child have academic/behavioral/or social problems that are of concern to you?

If so, please explain: _____

4). Has your child ever repeated a grade. Yes No (If yes, which grade?): _____

5). Has your child ever been recommended to repeat a grade? Yes No (If yes, which grade?) _____

6). Does your child have any health problems that could interfere with the learning process? Yes No
(If yes, please explain): _____

7). Is your child taking any medication that should be known to the school? Yes No

(If yes, please explain): _____

Parent/Guardian Signature

Date

Child Health Report – Child Care Centers

Use of form: Use of this form is required unless the health examination report is on an electronic printout from a licensed physician, physician assistant, or other EPSDT provider. Completion of this form meets the requirements of DCF 202.08 (4), DCF 250.04 (6) (a) 4. and DCF 251.04 (6) (a) 8. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant, or other EPSDT provider to be completed, signed, and dated. The licensee / operator shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian includes a copy of the child's immunization record when submitting this form to the child care center.

PARENT OR GUARDIAN – This section should be completed by the parent or guardian

Child's Name (Last, First, MI)	Child's Birthdate (mm/dd/yyyy)
--------------------------------	--------------------------------

Child's Address (Street, City, State, Zip Code)

Parent or Guardian Name (Last, First, MI)

Parent or Guardian Address (Street, City, State, Zip Code)

HEALTH PROFESSIONAL – This section should be completed by the health professional

Instructions for feeding and care of child with special health concerns – Specify: (attach information as necessary).

Yes No Does the child have a milk allergy? If "Yes," identify the recommended milk substitute.

Yes No Does this child have any food or non-food allergies? If "Yes," specify and include the treatment plan to be implemented in the event of an allergic reaction.

Date of child's most recent blood lead test: _____ (mm/dd/yyyy).

Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA, or other EPSDT Provider (type or print)	Address (Street, City, State, Zip Code)
--	---

SIGNATURE – MD, PA, or other EPSDT Provider	Date of Examination
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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 Code)		Phone Number	

Step 2 Immunization History

List the **month, day, and year** your child received each of the following immunizations. If you do not have an immunization record for this student, contact your doctor or public health department to obtain it. You may also use the Wisconsin Immunization Registry: <https://www.dhfs.wisconsin.gov/pr/clientSearch.do?language=en>

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					
Meningococcal (serogroup ACWY)					

Students with a reliable history of varicella disease are not required to receive the varicella vaccine. Signature from physician, physician assistant, or advanced nurse prescriber required.
 I attest that this student has a reliable history of varicella disease,

 SIGNATURE – Health Care Provider Date Signed

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.
 Varicella Measles Mumps Rubella 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 MenACWY

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 MenACWY

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

Tell Me About Your Child

Student's Name: _____

Parent Name(s): _____

Hello 3K Families!

You are your child's first, best, and most powerful teacher! We will be your partner this year in providing a play-based introduction to school. We believe that every child can learn, but that not all children learn in the same way. Any insights you can share will help us tailor our approach to serve your child in the way he or she best learns. Please use this informal survey to answer only those questions for which you are comfortable sharing information with us. We will apply it in our planning to make sure your child gets the unique and specific instruction that will make this a great first year of school!

Thank you,

The Bonduel Elementary 3K Team

1. How do you describe your child's personality?
2. Tell us about any special interests, toys, or characters your child enjoys.
3. What do you consider your child's strengths?
4. What do you feel your child needs help with?
5. When not in school, how does your child spend most of his/her time?



SDOB BUS TRANSPORTATION REQUEST FORM

Please complete this form if your child is eligible for transportation from home to school, and/or from school to home. To create efficient bus routes and to reduce the wasteful expense of "unused" busing, it is necessary to discern who WILL and who WON'T need transportation for the school year. If your child needs busing at a later time, he/she can be added to the bus route. Allow 3 business days for changes to the bus route to take effect. Changes may affect the pick-up and drop-off times of existing bus routes.

Student Last Name: _____ Student First Name: _____

Grade Entering 2026 - 27: _____

Will your child need bus transportation for school? (Circle one) YES / NO

If you selected 'YES' please enter pickup and drop off locations. If you selected 'No' please select 'NONE' for your answers to complete the form. **If you choose Babysitter/Other please contact the Kobussen Bus Company at 715-280-3001, Option 1 to discuss your busing options with a representative.**

Pickup Site Request: (Please circle)

None / Home Residence / Bear Cubs Daycare / Baby sitter/Other

Drop off Site Request: (Please circle)

None / Home Residence / Bear Cubs Daycare / Baby sitter/Other

If your child will NOT be using bus transportation after school, how will your child go home?

Walker / Pickup / Aftercare (Must be signed up for this program)

Parent/Guardian Signature: _____ Date: _____

Relationship to Student: _____

OFFICE USE ONLY Skyward number: _____