



# 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](mailto: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](mailto:borowmon@bonduel.k12.wi.us)

REGISTRATION/EMERGENCY FORM 2023-2024

School District of Bonduel

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

PRINT STUDENT'S LEGAL NAME

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ (Nickname \_\_\_\_\_)
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Check One: Male \_\_\_\_ Female \_\_\_\_
City & State of Birth \_\_\_\_\_ County of Birth \_\_\_\_\_
Residence Address \_\_\_\_\_
Mailing Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Current Township \_\_\_\_\_
Home Phone (\_\_\_\_) \_\_\_\_\_

ETHNIC BACKGROUND (Required by DPI) Check One:

\_\_\_\_ White/Non-Hispanic (WNH) \_\_\_\_ Black/Non-Hispanic (BNH) \_\_\_\_ Alaskan Native/Indian-American (AIN)
\_\_\_\_ Hispanic (HIS) \_\_\_\_ Asian/Pacific Islander (API)

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

NAME/S OF PARENT/S OR GUARDIAN/S STUDENT IS LIVING WITH:

1. Last \_\_\_\_\_ First \_\_\_\_\_
Relationship (eg., mom, dad, step-mom, step-dad, legal guardian, etc.) \_\_\_\_\_
Employer \_\_\_\_\_ City, State \_\_\_\_\_
Work No. (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_
PARENT/GUARDIAN Home E-mail: \_\_\_\_\_ Work Email: \_\_\_\_\_

2. Last \_\_\_\_\_ First \_\_\_\_\_
Relationship (eg., mom, dad, step-mom, step-dad, legal guardian, etc.) \_\_\_\_\_
Employer \_\_\_\_\_ City, State \_\_\_\_\_
Work No. (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_
PARENT/GUARDIAN Home E-mail: \_\_\_\_\_ Work Email: \_\_\_\_\_

Legal Custody belongs to: \_\_\_\_ Both \_\_\_\_ Mother \_\_\_\_ Father

PARENTS/GUARDIAN DIVORCED - Name of Parent Child is NOT living with: (Release information: Yes \_\_\_\_ No \_\_\_\_)

Last \_\_\_\_\_ First \_\_\_\_\_
Relationship (eg., mom, dad, step-mom, step-dad, legal guardian, etc.) \_\_\_\_\_
Residence Address \_\_\_\_\_ Mailing Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_
Parent/Guardian E-mail \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ City, State \_\_\_\_\_

FAMILY DENTIST: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ City, State \_\_\_\_\_

MEDICAL ALERTS: Please list any concerns of which school personnel should be aware of: (e.g. allergy to bee stings, seizure disorders, diabetes). Please specify: \_\_\_\_\_

Medications: \_\_\_\_\_

Is there any other information about your child and/or family that the school needs to know (please explain): \_\_\_\_\_

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 \_\_\_\_\_

(CONTINUED ON BACK)

(Continued from front Page).

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ (Nickname \_\_\_\_\_)  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**ALTERNATE CONTACT/S:**

1. Last \_\_\_\_\_ First \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Residence Address \_\_\_\_\_ City, State \_\_\_\_\_  
Phone No. (\_\_\_\_) \_\_\_\_\_ Work No. (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

2. Last \_\_\_\_\_ First \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Residence Address \_\_\_\_\_ City, State \_\_\_\_\_  
Phone No. (\_\_\_\_) \_\_\_\_\_ Work No. (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**FOR OFFICE USE ONLY (fill in those which apply)**

Entry Date \_\_\_\_\_ Bus # \_\_\_\_\_ Mileage \_\_\_\_\_  
Locker \_\_\_\_\_ Homeroom \_\_\_\_\_ Check Township \_\_\_\_\_  
Date Entered into WSLs \_\_\_\_\_

**PLEASE PROVIDE PARENT AND GUARDIAN EMAIL ADDRESSES.**

This will enable you to receive food service lunch balance alerts, automated information alerts from the School District, and easier communication between your child's teacher(s).

**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.

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

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



**School District of Bonduel**  
400 West Green Bay Street • 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.

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

Autism	Yes	No	<u>Related Services:</u>		
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	<u>Other:</u>		
Visual Impairment	Yes	No	Remedial Reading Services	Yes	No
Speech or Language Delays	Yes	No	Title I Reading	Yes	No
Emotional Disturbance	Yes	No	Title I Math	Yes	No
Orthopedic Impairment	Yes	No	Gifted and Talented Services	Yes	No
Other Health Impairment	Yes	No	At-Risk Programming	Yes	No
Significant Delevopmental Delay	Yes	No	Alternative School Programming	Yes	No

2). Does your child have academic/behavioral/or social problems that are of concern to you?  
If so, please explain: \_\_\_\_\_

3). Has your child ever repeated a grade. Yes No (If yes, which grade?): \_\_\_\_\_

4). Has your child ever been recommended to repeat a grade? Yes No (If yes, which grade?): \_\_\_\_\_

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

6). Is your child taking any medication that should be known to the school? Yes No  
(If yes, please explain): \_\_\_\_\_

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

\_\_\_\_\_  
Date





# 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?

- English/Inglés
- Spanish/Español
- Other/Otros

What language did your child learn when he/she began to talk? ¿Qué idioma aprendió su hijo cuando comenzó a hablar?

- English/Inglés
- Spanish/Español
- Other/Otros

Which language does your child most frequently speak at home? ¿Qué idioma habla su hijo con más frecuencia en casa?

- English/Inglés
- Spanish/Español
- Other/Otros

Which language do you most frequently speak to your child? ¿Qué idioma le habla con más frecuencia a su hijo?

- English/Inglés
- Spanish/Español
- Other/Otros

## Parent Preferences

In what language would you prefer to get information from school? ¿En qué idioma preferiría obtener información de la escuela?

- English/Inglés
- Spanish/Español
- Other/Otros

**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]*

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

- Columbian
- Mexican
- Spaniard/Spanish/Spanish-American
- Unknown
- Ecuadorian
- Puerto Rican
- Other
- Guatemalan
- Salvadoran
- Decline to indicate

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**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]*

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

- Bad River Band
- Lac Courte Oreilles
- Oneida Nation (Wisconsin)
- St. Croix
- Other *Please select value from Tribal Affiliation List*
- Forest County
- Lac du Flambeau
- Red Cliff
- Stockbridge
- Ho-Chunk
- Menominee
- Sokaogon
- Brothertown

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

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

- Burmese
- Hmong
- Korean
- Unknown
- Chinese
- Indian
- Vietnamese
- Other
- Filipino
- Karen
- Decline to indicate

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

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

- African-American
- Liberian
- Decline to indicate
- Other
- Ethiopian-Oromo
- Nigerian
- Unknown
- Ethiopian-Other
- Somali

- 
- Native Hawaiian or Other Pacific Islander

- 
- White
-



# 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 2023-24: \_\_\_\_\_

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 / Other

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

Relationship to Student: \_\_\_\_\_

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