



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

REGISTRATION/EMERGENCY FORM 2025-2026

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 _____ County _____ Zip _____
Home Phone (____) _____ Current Township _____ School District Residing In _____

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 Programing	Yes	No
Significant Delevopmental Delay	Yes	No	Alternative School Programing	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

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 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 <i>Please select value from <u>Tribal Affiliation List</u></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
-



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

Digital Data Collection Questionnaire

Question 1 – Can the student access the internet on their primary learning device at home?

- True (Yes)
- False (No)

Question 2 – If the student is unable to access internet in their primary place of residence, why not?

- Not Desired
- Not Available
- Not Affordable
- Other

Question 3 – What is the primary type of internet service used at the residence?

- Residential Broadband (e.g. DSL, Fixed Wireless, Cable, Fiber)
- Cellular Network
- Hot Spot (school provided hot spot, or school provided service)
- Satellite
- Community Provided Wi-Fi
- Dial-up
- Other
- None
- Unknown

Question 4 – Can the student stream a video on their primary learning device without interruption?

- Yes
- Sometimes (not consistently)
- No

Question 5 – What device does the student most often use to complete school work at home?

- Desktop Computer
- Laptop Computer
- Tablet
- Chromebook
- Smartphone
- None
- Other

Question 6 – Who provided the primary learning device to the student?

- School
- Personal
- Other

Question 7 – Is the primary learning device shared with anyone else in the household?

- Shared
- Not Shared
- Unknown

Application for Elementary Technology User Account

Student's Full Name (print) _____

Year of Anticipated graduation: _____ Grade: _____

Please determine your password using the following criteria:

- It needs to be at least 8 characters long
- It should NOT contain spaces
- It cannot be your first name or last name
- 6th Graders - Upper Case letter/Lower Case Letter/Number/Symbol (!@#\$%)

NOTE: You must underline any capital letters 3 times.

If you use a zero, you must put a diagonal line through it.

FOR OFFICE USE ONLY: Do not write in this space

Logon: _____

Password: _____

Skyward Number: _____

Teacher: _____

Active Directory	Password File	Skyward	AR/STAR	Office 365	Thinkcentral & Soc St	Keyboarding	Reflex
Mindplay	Destiny						



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 2025 - 26: _____

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: _____
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