



# OCONTO UNIFIED SCHOOL DISTRICT

"Leaders & Learners ~ Today & Tomorrow"

_____	1 <sup>st</sup> Request
_____	2 <sup>nd</sup> Request
_____	3 <sup>rd</sup> Request

## RELEASE OF STUDENT RECORDS

### TRANSFERRING FROM

School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_

**\*\*Please send complete transcript of grades along with the cumulative folder, also health records, test information, free/reduced lunch form, and any confidential psychological files (Special Education) you have on the following student:**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

### Please send the above mentioned records to:

Guidance Department  
Oconto Elementary School EC-4  
810 Scherer Avenue  
Oconto, WI 54153  
Phone: (920) 834-7808  
Ext. 3101  
Fax: (920) 834-9883

Guidance Department  
Oconto Middle School 5-8  
400 Michigan Avenue  
Oconto, WI 54153  
Phone: (920) 834-7806  
Ext. 2112  
Fax: (920) 834-9884

Guidance Department  
Oconto High School 9-12  
1717 Superior Avenue  
Oconto, WI 54153  
Phone: (920) 834-7812  
Ext. 1150  
Fax: (920) 834-7804

Special Ed Department  
Attn: Becky Haen  
400 Michigan Avenue  
Oconto, WI 54153  
Phone: (920) 834-7814  
Ext. 4105  
Fax: (920) 834-9884

For Office Use Only:

Entered Into System: \_\_\_\_\_ Faxed for Student Records: \_\_\_\_\_

Sent to:

\_\_\_\_\_ Special Ed    \_\_\_\_\_ OHS Guidance    \_\_\_\_\_ OMS Guidance    \_\_\_\_\_ OMS Office    \_\_\_\_\_ OES Office

# Student Enrollment/Emergency Form

## A. Student Information

First Name:		Middle:	
Grade:			
4K Preference: AM <input type="checkbox"/> PM <input type="checkbox"/>	Daycare must be PM		
Hispanic or Latino?	Y <input type="checkbox"/> N <input type="checkbox"/>	Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Home Phone:		Date of Birth: (mm/dd/yyyy)	
Home Address:		City, State, Zip	
Mailing Address (if different)		City, State, Zip	
Is the individual from one or more of these races?	(check all that apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		

## B. Father Information

First Name:		Middle:	
Address: (if different)		City, State, Zip	
Home Phone:		Day Phone:	
Email Address:			
Cell Phone:		How would you like to be informed? (check all that apply) Email <input type="checkbox"/> Phone <input type="checkbox"/> Text Messages <input type="checkbox"/>	
Would you like to receive district and school updates?	Y <input type="checkbox"/> N <input type="checkbox"/>		

### C. Mother Information

First Name:		Middle:		Last Name:	
Address (if different)			City, State, Zip,		
Home Phone:			Day Phone:		
Email Address:					
Cell Phone:				How would you like to be informed? (check all that apply) Email <input type="checkbox"/> Phone <input type="checkbox"/> Text Messages <input type="checkbox"/>	
Would you like to receive district and school updates?		Y <input type="checkbox"/> N <input type="checkbox"/>			

### D. Living Arrangements

Single Parent Household?				Y <input type="checkbox"/> N <input type="checkbox"/>	
Student currently lives with?					
Address: (if different from above)					
Siblings: (below school age and in same household)	First Name:	Middle Name:	Last Name:	Date of Birth: (mm/dd/yyyy)	
If student currently has a Step-Parent, Guardian, Foster Parent, Custodian, Group Home, etc., indicate the name, relationship, and phone numbers.					
First Name:		Middle:		Last Name:	
Relationship:					
Day Phone:		Cell Phone:			
First Name:		Middle:		Last Name:	
Relationship:					
Day Phone:		Cell Phone:			

### E. Emergency Contacts

Priority						
	First Name:		Middle:		Last Name:	
	Relationship:					
	Cell Phone:				Day Phone:	
	First Name:		Middle:		Last Name:	
	Relationship:					
	Cell Phone:				Day Phone:	
	First Name:		Middle:		Last Name:	
	Relationship:					
	Cell Phone:				Day Phone:	
	First Name:		Middle:		Last Name:	
	Relationship:					
	Cell Phone:				Day Phone:	

### F. Medical Information

Doctor Name:		Phone:	
Dentist Name:		Phone:	
Allergies:			
Does student use an Epi-Pen?	Y <input type="checkbox"/> N <input type="checkbox"/>		
Medications:			

<p><b>Health Issues:</b> - Circle all existing medical conditions.</p>	<p style="text-align: center;">Asthma   Hearing   Frequent Infections   Diabetes</p> <p style="text-align: center;">Vision-Contacts/Glasses</p> <p style="text-align: center;">Hearing Aids, or Tubes   Heart Problem (Describe)   Seizures</p>
<p><b>Describe Health Issues:</b></p>	
<p><b>Has any health condition resulted in a medical emergency? (Describe)</b></p>	
<p><b>In case of a medical emergency, and I cannot be reached, I give my child's doctor or any attending Physician permission to administer medical treatment.</b></p>	<p>Y <input type="checkbox"/>   N <input type="checkbox"/></p>
<p><b>Parent/Guardian Signature :</b> _____</p>	<p><b>Date:</b> _____</p>

OCONTO UNIFIED SCHOOL DISTRICT  
Oconto, Wisconsin 54153

NEW ENROLLEE SURVEY

This form is to be completed at the time of enrollment by the parent(s) of any child who is a transfer student to Oconto Unified School District. This information will be used as part of the placement decisions for your child.

STUDENT NAME: \_\_\_\_\_

Estimate your child's skill level:

READING	_____	Advanced
	_____	Average
	_____	Below Average
MATH	_____	Advanced
	_____	Average
	_____	Below Average

Does your child receive any of the following service?

	YES	NO
1. Physical or Occupational Therapy	_____	_____
2. Cognitive Delays	_____	_____
3. Hearing	_____	_____
4. Visual	_____	_____
5. Speech/Language	_____	_____
6. Emotional/Behavioral	_____	_____
7. Learning Disability	_____	_____
8. Other Health Concerns	_____	_____
9. Reading/Math (Title I) Services	_____	_____
10. Other Special Education Services	_____	_____
11. Section 504 Services	_____	_____

**HOME LANGUAGE SURVEY**  
**Information about the language spoken in the home.**

Student Name \_\_\_\_\_

School: \_\_\_\_\_ OES    \_\_\_\_\_ OMS    \_\_\_\_\_ OHS    Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Relationship of Person Completing Survey: \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_

Other: Specify \_\_\_\_\_

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate.

	<b>English</b>	<b>Spanish</b>	<b>Other:</b>
1. What language did the child learn when she/he first began to talk?	_____	_____	
2. What language does the family speak at home most of the time?	_____	_____	
3. What language does the parent(s)/guardian(s) speak to her/his child most of the time?	_____	_____	
4. What language does the child speak to her/his parent(s) most of the time?	_____	_____	
5. What language does the child hear and understand in the home?	_____	_____	
6. What language does the child speak to her/his sibling(s) most of the time?	_____	_____	
7. What language does the child speak to her/his friends most of the time?	_____	_____	
	<b>YES</b>	<b>NO</b>	
8. Can an adult family member or extended family member speak English?	_____	_____	
9. Can they read English?	_____	_____	

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Oconto Unified School District  
**Student/Family Residence Questionnaire**

Your child may be eligible for additional educational service through the McKinney-Vento Homeless Assistance Act. Eligibility can be determined by completing this questionnaire.

<b>1. Presently, are you and/or your family living in any of the following situations? Check all that apply.</b>						
<input type="checkbox"/> A. Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer?						
<input type="checkbox"/> B. Waiting for foster care placement?						
<input type="checkbox"/> C. Sharing the housing of others due to loss of housing, economic hardship or similar reason?						
<input type="checkbox"/> D. Living in a car, park, campground, abandoned building, or other inadequate accommodation?						
<input type="checkbox"/> E. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason?						
<input type="checkbox"/> F. Living alone as a minor student(s) without an adult (unaccompanied youth)?						
<b>If you checked any box above please complete the remainder of this form and submit to school personnel.          If you did not check any box above, you do not need to complete or submit this form.</b>						
<b>2. Please list all children currently living with you.</b>						
First	Middle	Last	M/F	Birthday	Grade	School Name

**The undersigned parent/guardian certifies that the information provided above is accurate.**

Print Parent/Guardian Name	Signature	Date
(Area Code) Phone Number	Street Address	City
		State
		Zip

Your children have the right to:

- ✓ Continue to attend school in the school attended before you became homeless (school of origin).
- ✓ Receive transportation to the school of origin.
- ✓ Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents requires for enrollment.
- ✓ Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- ✓ Have enrollment disputes quickly addressed.

**The McKinney Vento Homeless Education Assistance Act and the OUSD Board of Education Policy #5111.01 ensure the Educational rights above for students who are homeless. If you wish to have a copy of this document, please ask the staff person helping you today to make one.**

✓ OUSD Staff Assisting with this process:

Name	Signature	Date
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Completed form to: OUSD District Office



# OCONTO SCHOOLS TRANSPORTATION FORM

**Student's Name (First & Last)** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School ID: (office only)** \_\_\_\_\_

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Student's Address** \_\_\_\_\_

### In City Bus Students:

Which shuttle will your child(ren) be utilizing?

\_\_\_\_\_ Holtwood (Aageson Pool parking lot)

\_\_\_\_\_ Sharpe Park

\_\_\_\_\_ Northside (corner of Park Ave & Jackson St.)

\_\_\_\_\_ OMS to OES (AM)

\_\_\_\_\_ OMS to OHS (AM only)

\_\_\_\_\_ OES to OMS (PM)

\_\_\_\_\_ OHS to OMS (PM only)

\_\_\_\_\_ AM Route \_\_\_\_\_ PM Route

\_\_\_\_\_ 4-K route

### Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

### FOR OFFICE USE ONLY

Distance from home to school \_\_\_\_\_ Start Date: \_\_\_\_\_

Route Number \_\_\_\_\_ Bus # \_\_\_\_\_

## **School District Bus Rules**

### **General Bus Rules**

1. Obey the bus driver at all times.
2. Obey all rules of safety while boarding and leaving the bus.
3. Be courteous and respectful to others in both words and actions. No teasing or bullying.
4. No suckers or hard candy may be consumed on the bus.
5. No foul or offensive language.
6. Do not distract driver with noise, actions, or behaviors.
7. Do not throw anything on or outside of the bus.
8. Remain seated at all times while the bus is in motion.
9. Keep your hands to yourself.
10. Keep all body parts inside of the bus at all times.
11. Keep bus aisles free from obstructions.
12. Be sure that all garbage is thrown into the trash receptacle and not on the floor.
13. Possession of illegal and unlawful substances and objects and other substances and objects forbidden by school rules are forbidden on the bus.
14. Respect the property of others.
15. Remain silent at the railroad crossings.
16. No food or drink of any kind may be consumed while on the bus without authorization.
17. The use of electronic devices is restricted at the request of authorized parties.
18. Report any injuries to the bus driver immediately.
19. Move safely away from the bus after exiting.

### **General Consequences for Rule Violations**

#### **1st Violation**

- A written warning will occur. A copy of the bus discipline referral will be mailed to the Residence of the parents/guardians of the student, by the bus contractor. The Bus contractor will also provide a copy of the referral to the district and the referral will be documented at the school.

2<sup>nd</sup> Violation - Bus privileges will be suspended for a period of 1-3 days.

3<sup>rd</sup> Violation - Bus privileges will be suspended for minimum of 5 days.

4<sup>th</sup> Violation - Bus privileges will be suspended for the remainder of the current school year and, at the discretion of the administration, may be extended into the following year.

### **Consequences of Extenuating Circumstances:**

Based on the severity of an infraction relating to bus rules, bypassing any and/or all steps may occur, including the expulsion of a student's right to ride the bus. The District has the right and authority to further extend consequences to the school, extracurricular, and co-curricular settings.

## **In-City Busing**

**Pickup - 7:40 a.m. / Drop off - 3:30 p.m. at ALL locations**

Holtwood (Aageson Pool parking lot)

Sharpe Park

North Side (Corner of Park Ave. and Jackson St.)

**OMS buses shuttle to OES and OHS at 7:45 a.m.**

**OES and OHS buses shuttle back to OMS at 3:20-3:25 p.m.**