

Permission for Photo/Videotaping

At various times during the school year videotapes and photographs of school activities are produced for use in school and community publications.

I give permission for my child to be photographed and/or videotaped

I do not give permission for my child to be photographed and/or videotaped

Parent Signature: _____

Date: _____

Permission for Photos on Website

At various times during the school year student photographs may be displayed on our district Facebook page/website. Names will not be used at the elementary level.

I give permission for my child's photographs to be displayed on the district Facebook page/website.

I do not give permission for my child's photographs to be displayed on the district Facebook page/website.

Parent Signature: _____

Date: _____

Permission for Field Trips

Occasionally, students participate in school sponsored activities which will take them off school grounds. Examples of such trips include: observing parades; community service projects; participating in school programs at the Middle and/or High school. **Note:** Other school activities that would take your son/daughter out of the school district will be communicated via a separate parent permission/information note.

I give permission for my child to participate in the above mentioned field trips.

I do not give permission for my child to participate in the above mentioned field trips.

Parent Signature: _____

Date: _____

Weather Emergency Information

We're asking for your help in the event we must dismiss school early, or hold the students at school later due to bad weather. Please fill out the form below, discuss your plan with your child, and return this card to your child's school office. We will follow the procedure outlined on your form for your child. Thank you for your help. If you have any questions please call us at 935-3307.

In the event that school is dismissed early, or students are held later, my child will:

Follow his/her regular dismissal plan

Have an Alternative Weather Emergency Dismissal Plan. If your child's dismissal plan for a weather emergency differs from his/her normal routine, please state plan below:

My child may be released to the following persons in case of emergency:

Parent/Guardian Military Information

Is either parent or guardian on active duty in the military?

Yes No

Is either parent or guardian a traditional member of the Guard or Reserve?

Yes No

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?

Yes No

Ridgeway Elementary School Newsletter

The monthly R.E.S. Newsletter will be posted to the school's website, and each month an Email notification will be sent through Infinite Campus when the newsletter is available (including a link to the website). If you would like to have a printed copy of the newsletter sent home with your child, please indicate below (if checked, one copy will be sent home per family).

I would like a printed copy of the newsletter

I am able to access the newsletter online and will not need a printed copy

Electronic Information & Communications System Use

I have read the Dodgeville School District's Electronic Information & Communications System Use Policy EHAB, which can be accessed on the district's website www.dodgevilleschools.org under Board docs, and have been provided with a copy of the policy.

I DO give permission for my child to use the Internet/Network for educational purposes at school.

I DO NOT give permission for my child to use the Internet/Network for educational purposes at school.

Busing Information

Do/will your child(ren) ride the bus?

Yes No

Address where picked up before school:

Address where dropped off after school:

Have you contacted the Bus Company?

Yes No

If you checked "No" please call Lamers Bus Lines at (608) 588-2222 ext 2 to set up busing.

DODGEVILLE/RIDGEWAY ELEMENTARY SCHOOL STUDENT REGISTRATION CARD



Legal Name: _____ Grade: _____
 (Last Name) (First Name) (Middle Name)

When completing this form please use legal names as shown on birth certificates or other legal documents for student and parents.

Student Information (LEGAL NAMES ONLY)

Name: _____
 (Last Name) (First Name) (Middle Name)

Date of Birth: _____ Age: _____ Gender: _____

Physical Address: _____

Mailing Address (if different): _____

City: _____ Township: _____ State: _____ Zip: _____

Best Daytime Number to Call: _____

Place of Birth: _____
 (City) (State) (County)

Is this student **Hispanic or Latino**? (Choose only one)

No, not Hispanic or Latino Yes, Hispanic or Latino

Is this student: (Choose one or more. You **must** select at least **one**.)

American Indian or Alaska Native Black or African American
 Native Hawaiian or Other Pacific Islander Asian White

Primary Language Spoken at Home:

English Spanish Other (please name): _____

Please List All Children in the Household

Name: _____

Date of Birth: _____ Grade Level: _____

Name: _____

Date of Birth: _____ Grade Level: _____

Name: _____

Date of Birth: _____ Grade Level: _____

Name: _____

Date of Birth: _____ Grade Level: _____

Name: _____

Date of Birth: _____ Grade Level: _____

Family Information

Both parents have legal rights to receive information about their child unless otherwise ordered by the courts.

Are there court ordered custody agreements? Yes No

If **yes** the office needs a copy of the court order(s) on file.

Primary Household (Physical placement 50% or more)

(Circle one)

Both Parents Father Mother Parent/Step Parent
 Foster Home Legal Guardian Both Parents Alternately
 Other (Explain) _____

(LEGAL NAMES ONLY)

1st Adult-(Primary Contact): _____

Address: _____

City/State/Zip: _____

Home #: _____ Cell #: _____

Employer: _____ Work#: _____

E-Mail address: _____

2nd Adult (same address): _____

Home #: _____ Cell #: _____

Employer: _____ Work #: _____

E-Mail address: _____

(Check and complete if applicable)

Primary Household (Physical placement 50% or more)

Secondary Household (Placement less than 50%)

Other (Explain) _____

1st Adult-(Primary Contact): _____

Address: _____

City/State/Zip: _____

Home #: _____ Cell #: _____

Employer: _____ Work#: _____

E-Mail address: _____

2nd Adult (same address): _____

Home #: _____ Cell #: _____

Employer: _____ Work #: _____

E-Mail address: _____

Emergency Contacts (Not Parent)

When parents or guardians cannot be reached. These people should be available during school hours.

1st Choice (not parent): _____

Relationship to student: _____

Daytime Phone #: _____ Cell #: _____

2nd Choice (not parent): _____

Relationship to student: _____

Daytime Phone #: _____ Cell #: _____

Medical Information

Family Physician: _____

Phone Number: _____

Insurance Company: _____

List any health problems the school should be aware of including allergies, heart conditions, diabetes, seizures, etc.:

List any special medication(s) the student is taking:

If medication needs to be taken at school a Medication Form, with parent and/or physician signatures, needs to be filed in the office.)

Permission for Medical Treatment

Student's Name: _____

There might be an occasion that a student is hurt at school or school activity to such an extent medical treatment is required. In such cases of injury it is our policy to contact the parents as soon as possible. However, it may be impossible to reach parents when treatment is necessary. Medical personnel will not treat an injured minor without parental permission. In the event your child is injured at school or a school activity and you cannot be contacted, please indicate below whether you grant or deny permission for the school to arrange transportation to a medical facility and for medical personnel to treat the injury.

I do give permission

I do not give permission

Signature: _____

Date: _____