



New Student Enrollment

Please bring the following documents to the K-12 School office prior to the first day of school:

FCSD #2 Enrollment Form (Two-Sided)

**** Students must turn FIVE years of age on -or- before August 1st of current school year to attend Kindergarten**

CERTIFIED BIRTH CERTIFICATE (we will make a copy):

To acquire a copy for home, please request online at www.vitalchek.com

Copy of current immunization record can be obtained:

Call your child's medical provider -or- contact Wyoming Public Health at 307-856-6979 -or-

307-332-1073

Health Information Form (Two-sided)

This will ensure your child's best care when at school

Under the Every Student Succeeds Act, all parents/guardians have the right to request information about the qualifications of their child's teacher. If you wish to obtain this information, please contact the K-12 Principal, Mrs. Malinda Garcia at 307-455-5524.

Fremont County School District No. 2 does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, transgender status, age, disability, and religion in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of their operations. For additional information, please refer to the district's non-discrimination Policy AC. The following person has been designated to handle inquiries regarding non-discrimination: Superintendent Dr. Annette G. Walters, PO Box 188, Dubois, WY 82513 (307) 455-5545.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 1-800-795-3272 (voice) or 202-720-5964 (TTY). USDA is an equal opportunity provider and employer. If you feel that you have been discriminated against in any manner, please refer to the District's Policy Manual for all grievance policies and procedures. Policy manuals are located at the Central Office and on the FCSD #2 website. For further information, please contact the Superintendent of FCSD #2, Dr. Annette G. Walters at 307-455-5545.

FREMONT COUNTY SCHOOL DISTRICT #2

Dubois K-12 School

700 North 1st St. Dubois, WY 82513 Phone (307) 455-5524 Fax (307) 455-2654


Enrollment Form

STUDENT DETAILS - Pursuant to §W.S. 21-2-203, the school district is required to collect data for the Wyoming State Student Registration System.

STUDENT PERSONAL INFORMATION

Student's Legal Name: (as written on birth certificate)		Preferred name if different than legal name:	
Date of Birth:	Birthplace:	Age:	Grade Entering:
Social Security Number: _ _ _ - _ _ - _ _		Gender: Male	Female
Today's Date:			

ETHNICITY/RACE ORIGIN

Ethnicity	Race/Origin (choose all that apply)	
(Choose only one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> No, not Hispanic/Latino	<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 <input type="checkbox"/> White	Home of the DUBOIS RAMS 

FAMILY INFORMATION

Parent/Legal Guardian Name(s): _____

Physical Address: _____ Telephone Number: _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Father's Name:	Work Place:	Cell Number:
email address:	Do you have legal custody? Yes No	
Mother's Name:	Work Place:	Cell Number:
email address:	Do you have legal custody? Yes No	
Step-Father's Name:	Work Place:	Cell Number:
email address:	Do you have legal custody? Yes No	
Step-Mother's Name:	Work Place:	Cell Number:
email address:	Do you have legal custody? Yes No	

Please list siblings (name & age) : _____

Student lives with (check one)

<input type="checkbox"/> Both Mother & Father	<input type="checkbox"/> Shared Custody (split between parents)
<input type="checkbox"/> Mother ONLY - or -	<input type="checkbox"/> Mother & Stepfather
<input type="checkbox"/> Father ONLY - or -	<input type="checkbox"/> Father & Stepmother
<input type="checkbox"/> Other: (please specify): _____	<input type="checkbox"/> Court-appointed Guardian (attach court order)

Who has legal custody rights: ___ Father ___ Mother ___ Father/stepmother ___ Mother/Stepfather

If parents are separated or divorced or child lives with guardian, please provide a copy of legal documentation.

Non-Custodial Parent's name and phone number: _____

Mailing Address: _____

Medical / Emergency Contact Information

PLEASE LIST CONTACTS OTHER THAN PARENT/GUARDIAN:

Emergency Contact #1 _____	Telephone Number: _____
Relationship to child: _____	Cell Phone Number: _____
Emergency Contact #2 _____	Telephone Number: _____
Relationship to child: _____	Cell Phone Number: _____

Other person(s) authorized to represent student & their relationship to student:

Name:	Relationship to student:	Phone #
Name:	Relationship to student:	Phone #
Name:	Relationship to student:	Phone #

Home Language and Miscellaneous Information

Do you have a certificate of eligibility for the Federal Migrant Program? Yes or No

Is your child currently on MEDICAID? Yes No

Was your student born in the U.S.A.? Yes No If no, in which country? _____ Date entered the U.S.? _____

Has your student attended a U.S. school for any 3 years during his/her lifetime? Yes No If yes, start date in US school: _____

First language spoken by student? _____ Language used most often at home: _____

Current language(s) spoken and understood by the student: _____

Is the student in Foster Care? Yes No (Only circle Yes if the State retains legal custody of the student)

Is one, or both of the student's parents or guardians on Active Duty, in the National Guard, or in the Reserve components of the United States military services? Yes No

Previous School Information

Most Recent School Attended: _____ City / State: _____

Has this student ever repeated or been asked to repeat a grade? ___Yes ___No Grade Repeated: _____

Any previous record of expulsion or out of school suspension? ___Yes ___No

Has your child participated in Special Education anytime during their school years? ___yes ___no

If yes, does your child have an IEP (Individualized Education Program) now? ___ yes ___ no

Please circle all areas in which your child has received special services:

Reading Writing Math Behavior Social Skills Study Skills Speech/Language Therapy Occupational/Physical Therapy

Other Services: circle all that apply

504 Plan ESL/ELL (Bilingual/English as a second language instruction) Title I Services Home School Private School

To assure that your child is provided an appropriate education, enrollment may require a waiting period of up to 5 business days to determine residence, confirm guardianship, and review previous school records.

Transporation Information

Will your child require school bus transportation? ___yes ___no

Students should be at their bus stop 5 minutes before the scheduled time

DUBOIS K-12 SCHOOL WILL ASSUME NO LIABILITY FOR DAMAGE TO STUDENT VEHICLES OR FOR ANY LOSS WHILE THESE VEHICLES ARE OPERATED OR PARKED ON THE CAMPUS. PLEASE KEEP VEHICLES LOCKED AT ALL TIMES.



Confidential Health Information

Anna Hinkle L.P.N District Nurse 455-5511 ahinkle@fremont2.org

Student Information

Student Name _____ Date of Birth _____ Age _____ Grade _____

Male _____ Female _____ Medical Provider _____ Medical Provider Phone _____

Current Health Conditions

Please check the following health conditions **DIAGNOSED** by your healthcare provider.

The student does not have any medical concerns

<input type="checkbox"/> Diabetes * <input type="checkbox"/> Active Seizure Disorder * <input type="checkbox"/> Severe Allergies * <input type="checkbox"/> Asthma * <small>* Requires completed CARE PLAN (Obtain from the nurse)</small>	<input type="checkbox"/> Severe Head Injury <input type="checkbox"/> Migraines/Chronic Headaches <input type="checkbox"/> Heart/Blood Disorder <input type="checkbox"/> Muscles/Bones/Joints	<input type="checkbox"/> Skin <input type="checkbox"/> Bladder/Kidney <input type="checkbox"/> Stomach/Bowels <input type="checkbox"/> Emotional/Behavioral	<input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Hearing <input type="checkbox"/> Other
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Please describe any of the above conditions you have checked (Use the other side if necessary):

Current Medications

List ALL medications including the name, dose, frequency, and name of the prescriber.

The student does not require medication at school

If the student requires prescription medications at school, the health care provider and parent **MUST** complete and submit the FCSD #2 Request For Administration of Medication form. The form can be obtained from fremont2.org or the nurse. Medications:

Over-the-counter medications provided at FCSD #2

Please check all that you will allow your child to have at school.

- Acetaminophen
- Ibuprofen
- Cough drops
- Benadryl (for allergic reaction)
- Topical ointments such as Bacitracin and hydrocortisone 1%

School nurse Wyoming Immunization Registry (WyIR access agreement): Please check one.

- I permit the school nurse to access my child's immunization records on the WyIR.
- I do not permit the school nurse to access my child's immunization records on the WyIR

Signature of parent/guardian: _____ Date: _____

CONTINUED

Health Services at FCSD #2

Parent/guardian permission is required for participation in health services. Failure to return this form or provide permission online will result in your student **NOT** being able to participate in this program.

****This means your child will not receive any health services.**

Health Service Categories (examples include, but are not limited to):

- Illness Assessment: vital signs, review of symptoms, physical assessment, chronic disease care, and communicable disease assessment.
- Injury Assessment: vital signs, review of symptoms, physical assessment, first aid
- Wellness Assessment: lice assessment, oral health, hygiene (feminine and other), incontinence, spills, clothing, nutrition, repairing broken items, special education evaluations.
- Mental Health Assessment: panic attacks, self-harm, bullying, vital signs, physical assessment, mental health assessment.
 - Nurses are often the first to see and assess. Our practice would be to get a student to a school mental health counselor as soon as possible.

Do you permit your student to participate in ALL health services?

YES

NO

If answering no, do you permit your student to participate in **ANY** health services?

Please indicate yes or no to each category.

Illness Assessment

YES

NO

Injury Assessment

YES

NO

Wellness Assessment

YES

NO

Mental Health Assessment

YES

NO

Health Screenings

Vision and hearing screenings are completed on students in the following grades and classifications annually:

Vision: Pre-K, K, 1, 3, 5, 8 and 10

Hearing: Pre-K, K, 1, 2, 3, 5, and 8

All special education and new students in the district

IF YOU DO NOT WANT YOUR CHILD TO PARTICIPATE IN VISION AND HEARING SCREENINGS, YOU MUST CONTACT THE SCHOOL NURSE IN WRITING EACH SCHOOL YEAR.

I have been informed of the **opt-in** updates to Health Services provided and the **opt-out** requirements for student Health Screenings. I understand it is my sole responsibility as a parent/guardian to opt-in for the school nurse or designee to provide health services to my child.

Signature of parent/guardian: _____ Date: _____

Request for Records



From: *Dubois K-12 School*

P.O. Box 188

Dubois, WY 82513

Phone: *(307) 455-5524 / Fax: (307) 455-2654*

or e-mail to: imccabe@fremont2.org (preferred method)

K-12 Principal: Mrs. Malinda Garcia

Date of request: _____ Records received: _____

Former School: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ FAX: _____

School's Email address: _____

It is requested that a copy of the school records for:

Student's Legal Name: _____ Date of Birth: _____ Grade: _____

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Student's Legal Name: _____ Date of Birth: _____ Grade: _____

These records are to be released to F.C.S.D. #2. Please send all pertinent information including:

- Academic Transcripts
- Achievement and other standardized test results
- Attendance and discipline reports
- Health and immunization records, sports physical information
- Psychological, speech and hearing reports
- Title I
- Special education records including: active IEP and current Diagnostic Summary:

Please email to agwalters@fremont2.org or fax to (307) 455-2654.

NOTE: FEDERAL LAW 99.31 STATES NO PARENT SIGNATURE ERQUIRED FOR EDUCATIONAL RECORDS SENT TO ANOTHER EDUCATIONAL AGENCY