



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 1 of current school year to attend Kindergarten

- CERTIFIED BIRTH CERTIFICATE (we will make a copy):

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

- Copy of current immunization record can be obtained:

Call your child's medical provider -or- contact
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

JoEllen McCabe
Dubois K-12 Administrative Assistant
Phone: 455-5524
jmccabe@fremont2.org

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: Today's Date:

Social Security Number: _____ Gender: Male Female

ETHNICITY/RACE ORIGIN

Ethnicity	Race/Origin (choose all that apply)
(Choose only one)	
Hispanic/Latino	<input type="checkbox"/> American Indian or Alaska Native
No, not Hispanic/Latino	<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 <i>(Only circle Yes if the State retains legal custody of the student)</i>		
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: <i>circle all that apply</i> 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 <u>5 business days</u> to determine residence, confirm guardianship, and review previous school records.		
Transportation Information		
Will your child require school bus transportation? _____ yes _____ no <i>Students should be at their bus stop 5 minutes before the scheduled time</i>		
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.		

Fremont County School District #2 School Health Information

Student Name _____ Male _____ Female _____ Grade _____

Date of Birth _____ Age _____ Parent/Guardian Name (s): _____ Home Phone _____

Medical Provider: _____ Clinic Name: _____ Phone: _____

Mother: Cell Phone _____ Work Phone _____

Father: Cell Phone _____ Work Phone _____

EMERGENCY CONTACTS (other than parents and must list at least one)

1. _____ Relationship _____ Phone Number _____
2. _____ Relationship _____ Phone Number _____

MEDICATION: List all prescribed medication (s) that your child is currently taking and the diagnosis:

*Medications that are to be given at school require a completed "Request for Administration of Medication Form"

Tell us more about your child's health:

ALLERGIES:

Does your child have any diagnosed allergies: Yes _____ No _____ Please list allergies and reactions:

Does your child require an epi-pen for these allergies? Yes _____ No _____

Last occurrence of anaphylaxis _____ Symptoms of anaphylactic reaction _____

Does your child have asthma? Yes _____ No _____ Does your child use an inhaler? Yes _____ No _____

Does your child need to carry an inhaler with them at all times during the school day? Yes _____ No _____

Will your child be storing an inhaler in the nurse's office? Yes _____ No _____

Seizures? Yes _____ No _____ Cause of Seizures: _____ Date of last seizure: _____

Frequent headaches or migraines? Yes _____ No _____ Best treatment when they occur? _____

Diabetes? Yes _____ No _____ Management- Pump/Multi-dose Injections

Hearing loss? Yes _____ No _____ Hearing Aids? Yes _____ No _____

Speech difficulty? Yes _____ No _____

Glasses or Contacts? Yes _____ No _____ Diagnosed color blindness? Yes _____ No _____

MEDICATIONS PROVIDED AT SCHOOL

The following medications are provided at school. Please check all that you will allow your child to receive at school:

Acetaminophen (Tylenol): Yes _____ No _____

Ibuprofen (Motrin/Advil): Yes _____ No _____

Cough Drop/Throat Lozenge: Yes _____ No _____

BENADRYL (For allergic reaction/rash): Yes _____ No _____

Topical Medicated Ointments such as Bacitracin and Hydrocortisone 1%: Yes _____ No _____

I give permission for the school nurse or trained designee to dispense the medication listed above to my child if needed throughout the school day should I be unable to come and dispense.

Signature of Parent/Guardian: _____ Date: _____

PLEASE COMPLETE AND SIGN BOTH SIDES

Students Name _____ Grade _____

IMMUNIZATION INFORMATION

Wyoming State Law requires your child to be properly immunized as designated by the State Health Officer. Your child will be conditionally enrolled for **30 calendar days**. If requirements are not met by the end of 30 days, your child will be excluded from school. Please provide the school nurse with a current immunization record when a new immunization is administered.

A current immunization record must be on file with the school nurse.

HEALTH SCREENINGS

Health screenings are an opportunity to gather important health information early. Some results require your child to receive a follow-up examination by your healthcare provider.

The school nurse screens selected grades for vision, hearing, and color blindness. Upon completion, results are mailed home.

MEDICATION POLICY

If your child requires medication during school hours, the following procedure is to be followed:

1. A **"Request for Administration of Medication"** form **MUST** be completed and signed by a parent/legal guardian and medical provider. This form will be reviewed by the school nurse prior to medication being administered.
2. The prescribed medication will be brought to the school nurse with the required paperwork.
3. Students taking over-the-counter medication from home will also adhere to the above policy.
4. **Prescription medication brought to the school nurse in anything other than the original prescription bottle will not be administered to the student.**
5. All medication will be stored and locked in the nurse's office. ***EXCEPTION:** Inhalers may be carried by the student if the form has been signed on the Request for Administration of Medication Form by the parent/legal guardian and prescribing medical provider, and is on file in the school nurse's office.

Medications that can be given outside of school hours should be. Antibiotics that are four times a day are an exception.

I have read and understand the information above regarding Immunizations, Health Screenings, and the FCSD#2 medication policy.

***School Nurse WyIR Access Agreement:** To ensure the Wyoming Department of Health is aligning with HIPPA laws, Wyoming School Nurses must obtain a parent/guardian agreement before accessing student immunization records within the Wyoming Immunization Registry (WyIR). Do you consent to access of your child's immunization records? Yes _____ No _____

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: jmccabe@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 REQUIRED FOR EDUCATIONAL RECORDS SENT
TO ANOTHER EDUCATIONAL AGENCY**