

2020-2021 School Year

4K Questions Call :
715-232-1642



School District of the
Menomonie Area 4K Program

**Current
Menomonie Area Partners
for Early Learning - MAPEL
SITES**

Monday-Friday Programs

- SDMA 4K Site at River Heights
615 24th Avenue W
(715) 232-1642
(AM & PM session - No Childcare Available)
- SDMA 4K Site at Wakanda
1801 Wakanda Street NE
(715) 232-1642
(PM session - No Childcare Available)
- UW-Stout Child & Family
Study Center
811 6th Street East
(715) 232-2554
(AM session - Childcare Available - No Bus)

Monday-Thursday Programs

- Menomonie Head Start
3375 Kothlow Avenue, #10
(715) 235-9122
All Day Program - Income-based
(No Childcare)
- Bouncin' Babies & Kool Kids
3020 Schneider Avenue E.
(715) 235-9720
(AM & PM session - Childcare Available)
- Little Sprouts Academy
425 Technology Drive East
(715) 233-2035
(AM & PM session - Childcare Available)
- Milestones Educational
Community
2516 Hills Court
(715) 235-3875
(AM & PM session - Childcare Available)
- St. Joseph's School
910 Wilson Avenue
(715) 232-4920
(PM session - No Childcare)

Four-year-old Kindergarten (4K) is open to any child who is **4 years old on or before September 1, 2020**, and resides in the School District of the Menomonie Area (SDMA), or who has completed and been approved through the Wisconsin Department of Public Instruction (DPI) open-enrollment process.

General Information

- 4K program is a community-based program currently housed at seven partnering community sites.
- There is no fee to participate in 4K only. However, if you have extended care needs, please contact one of the partnering sites to see if they have extended care openings.
- Participating 4K sites and SDMA may implement priority enrollment. For example, priority enrollment may be given to children who also need child care or participate in their extended programming.
- 4K is offered in a half-day format; AM or PM, with the exception of Head Start which is an all-day program.
- Hours/days vary by location and bus transportation.
- Bus transportation requests – your child's site and session preference will be determined by SDMA in conjunction with the established 4K bus routes.
- Early learning program utilizes a play-based curriculum intended for 4-year-olds.
- 4K teachers are licensed in Early Childhood Education by the Wisconsin Department of Public Instruction.

Enrollment Information

To finalize the enrollment process, you must complete and submit **ALL** of the following forms and bring them to the Administrative Service Center, 215 Pine Avenue NE. **Enrollment will begin on Monday, February 3, 2020**, and continues throughout the school year. **No** paperwork will be accepted prior to this date.

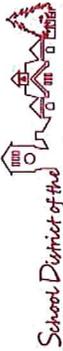
1. 2020-2021 Student Registration Form
2. Transportation and Placement Preference Form
3. Student Immunization Record and Health Information Form
4. Proof of Age (child's birth certificate or passport)
5. Proof of Address (mortgage document, utility, or other current statement)
6. Other important documents, if applicable (IEP, court/legal documentation)

Family Access Log-in Information

Once your child's paperwork is completed and entered into our system, you will receive an email which will allow you to create an online family access account. Family access allows parents or guardians to view and access the following student information when a valid email address is provided:

- ✓ Complete online registration for our Summer School program.
- ✓ View student attendance, grades, student demographics, family and health information.
- ✓ Fee tracking – Make payments for student lunches (grades K-12).
- ✓ Receive district Skylert messages (i.e. school delays and/or cancellations).

**4K placement letters will be finalized and sent out
the first week of August 2020.**



Menomonee Area

215 Pine Ave NE, Menomonee WI 54751
Telephone 715-232-1642 / Fax 715-233-3235

2020-2021 Student Registration Form

For Office Use Only:

Birth Certificate Verified by: _____

School: IDN KN OAK RH WAK
 Middle School High School

STUDENT - Information (Please Print)

<u>STUDENT (LEGAL NAME)</u>	
Last Name	First Name
Middle Name	Suffix
Date of Birth (mm/dd/yyyy)	Grade
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthplace City _____ County _____ State _____

Ethnicity/Race
 Is this child Hispanic/Latino?
 Yes No
(Check all that apply)
 American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

Primary Home Language
 English
 Spanish
 Chinese
 Hmong
 Other
If other, please write above

Student Data Directory Information
 State statute (Wis. Stat § 11.125(1)(b)) allows public requests of student Directory Data Information. You, as the parent/guardian, may choose to allow or deny the release of any or all of your student's Directory Data Information. Directory data means those pupil records which include the pupil's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, photographs, degrees and awards received and the name of the school most recently previously attended by the pupil.
 Allow Withhold
 Allow Withhold
 Allow Withhold
 Allow Withhold
 Military Recruiters
 Institutions of Higher Education
 Public use such as newspapers, social media (i.e. twitter), marketing purposes, and other media
 Local/district use, such as yearbooks, photographs, sports information such as rosters and programs or articles where students' directory information is identified

Parent in Military
 1. Is either parent or guardian on active duty in the military? Yes No
 2. Is either parent or guardian a traditional member of the Guard or Reserve? Yes No
 3. 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

Student Education History Continued...
 Is this student attending the School District of the Menomonee Area under Open Enrollment? Yes No
 If yes, name of home district: _____

Is this student currently under expulsion or awaiting an expulsion hearing? Yes No
 If yes, from what school and district? _____

Has this student been identified as having a special need? Yes No
 If yes, what is your child's special need? _____

Check any concerns you have about this student: Speech Health Behavior Learning Vision/Hearing Dental Other

Student Education History
 Last school attended: _____

Address of last school attended:
 Street Address _____
 City _____ State _____ Zip Code _____
 Phone Number: _____

HOME LANGUAGE SURVEY

Complete each of the following questions and indicate other languages if appropriate for the child enrolling into the Menomonee School District. Indicate the Language (i.e. English)

- What language did the child learn when she or he first began to talk? _____
- What language does the family speak at home most of the time? _____
- What language does the parent(s) speak to her/his child most of the time? _____
- What language does the child speak to her/his parent(s) most of the time? _____
- What language does the child hear and understand in the home? _____
- What language does the child speak to her/his brothers/sisters most of the time? _____
- What language does the child speak to her/his friends most of the time? _____
- Do you request oral and/or written communication from the school to be in English? _____
- Can an adult family member or extended family member speak English? Yes No
- Can an adult family member or extended family member read English? Yes No
- Number of years the child received formal education outside of the United States? _____
- Number of years the child received formal education within United States? _____
- Number of years the child received formal education in Wisconsin? _____

Parent/Legal Guardian Signature: _____ Date: ____/____/____

Student Last Name: _____ Student First Name: _____ Student Middle Name: _____ Date of Birth: ____/____/____

STUDENT'S PRIMARY RESIDENCE (If more than one household, please fill out additional address under Additional Guardian Residence)

Address _____ Mailing Address (if different) _____ Address _____ City/State/Zip Code _____

Parent/Guardian 1: _____ Relationship to Student _____
 First Name _____
 Primary Phone # (____) _____ Home Cell Home Cell Cell Cell Cell Cell Cell
 Secondary Phone # (____) _____
 Email _____
 Employer Name _____ Work # _____ Work Hours/Days _____

Parent/Guardian 2: _____ Relationship to Student _____
 Last Name _____ First Name _____
 Primary Phone # (____) _____ Home Cell Home Cell Home Cell Cell Cell Cell
 Secondary Phone # (____) _____
 Email _____
 Employer Name _____ Work # _____ Work Hours/Days _____

LIST ALL OTHER CHILDREN (AGE 18 and under) RESIDING AT RESIDENCE ABOVE

Student's LEGAL Name (Last Name, First Name, Middle Name)	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade	School Attending

STUDENT'S SECONDARY RESIDENCE (This section should be completed if both parents do not live in the primary household)

Address _____ Mailing Address (if different) _____ Address _____ City/State/Zip Code _____

Parent/Guardian 1: _____ Relationship to Student _____
 First Name _____
 Primary Phone # (____) _____ Home Cell Home Cell Home Cell Cell Cell Cell
 Secondary Phone # (____) _____
 Email _____
 Employer Name _____ Work # _____ Work Hours/Days _____

Parent/Guardian 2: _____ Relationship to Student _____
 Last Name _____ First Name _____
 Primary Phone # (____) _____ Home Cell Home Cell Home Cell Cell Cell Cell
 Secondary Phone # (____) _____
 Email _____
 Employer Name _____ Work # _____ Work Hours/Days _____

Allow Family Access? Yes No Food Service? Yes No Fee Management? Yes No Online Registration? Yes No Pick Child Up? Yes No

LIST ALL OTHER CHILDREN (AGE 18 and under) RESIDING AT RESIDENCE ABOVE

Student's LEGAL Name (Last Name, First Name, Middle Name)	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Grade	School Attending

Student Last Name: _____ Student First Name: _____ Student Middle Name: _____ Date of Birth: ____/____/____

RESIDENCY VERIFICATION STATEMENT

The School District of the Menomonee Area requires that all students attending our schools be bona fide residents of the district. To be a bona fide resident, a student must be living with a parent or legal guardian by court order who is a resident of the district.

At the time of registration, the parent or guardian must provide proof of residency. Registration of a student who is not a resident is a fraudulent act. Any student found to have been fraudulently registered will be removed immediately. Parents or guardians making a fraudulent registration will be charged tuition for the time the child has been in attendance.

I certify that I understand the residency requirements and that I know the penalty for fraudulent registration.

Parent/Legal Guardian Signature: _____

Print Parent/Legal Guardian Name: _____ Date: ____/____/____

EMERGENCY CONTACT INFORMATION (Who can we call or where can we send your child in case of illness (relative, neighbor) if you cannot be reached?)

Emergency Contact: Last Name _____ First Name _____ Relationship to Student _____

Primary Phone # (____) _____ Home Cell Secondary Phone # (____) _____ Home Cell Work

Emergency Contact: Last Name _____ First Name _____ Relationship to Student _____

Primary Phone # (____) _____ Home Cell Secondary Phone # (____) _____ Home Cell Work

HEALTH INFORMATION

Physician Name: _____ Clinic: _____ Phone # (____) _____

Dentist Name: _____ Clinic: _____ Phone # (____) _____

Health Condition(s): _____

Action Needed: _____

Daily Medication(s): _____

Other family information that the school needs to know? Explain: _____

I, the undersigned, do hereby authorize officials of the School District of the Menomonee Area to contact directly the persons named on this form, and do authorize the named physicians/dentists to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians or other persons named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I understand that this form will be shared with all school personnel that need to know this information to protect the life and safety of said child.

Parent/Guardian Signature: _____ Date: ____/____/____



Bus and Site Preference Form 2020-2021 School Year

Menomonie Area 4K Program

Legal Name of Child: Last _____ First _____ Middle _____ Student Gender: Male or Female Birthdate: ____ / ____ / ____

Parent/Guardian #1 Name: (List legal name of all parent(s)/guardian(s) living in the primary address) Phone: (____) _____

Parent/Guardian #2 Name: (List legal name of all parent(s)/guardian(s) living in the primary address) Phone: (____) _____

Primary Home Address: Street _____ City _____ State _____ Zip Code _____

Parent/Guardian #1: check one: Landline Cell phone

Parent/Guardian #2: check one: Landline Cell phone

Are there any changes in your family demographics in the past year? If so, please check all that apply:

Address Telephone (primary, cell, work number) Divorce/Separation Emergency Contacts Birth of a child (primary household only) other

Please specify changes here: _____

Place a check mark in the box below that applies to your transportation needs. Please note that we will not provide bus service from one 4K site to another.

- I am requesting bus service to and from our primary home address, as listed above.
- I will be transporting my child to the assigned site, no bus transportation is needed.
- I am requesting bus service from an address other than our home address (i.e. in-home daycare or other)

(if checking this box, please complete the box(es) below as to where your child will be picked up and/or dropped off each school day)
Please note: Daily busing for 4K programming can only be accommodated from one pickup location (i.e. students home) to an assigned 4K site per child. Likewise, return busing can only be accommodated from the assigned 4K site to one drop off location.

Only complete this section if the address is not your primary home address.

My child will be picked-up at the following location to attend the assigned 4K site.

List name, address, phone number and place an "X" for daycare provider, grandparent other _____

Name: _____

Address: _____

Phone: (____) _____

(All addresses MUST be within the SDMA attendance boundary area)

I understand that by requesting bus transportation, my child's school site and session preference will be determined by SDMA (School District of the Menomonie Area) Early Learning office, in conjunction with established transportation routes. Please note that bus transportation routes may exceed 60 minutes.

Is your child currently enrolled in a daycare? If yes, please state where and the day(s) and time(s) they attend. _____

List up to 3 preferred 4K sites, with number 1 being the highest preference.
These preferences will be taken into consideration when student placements are made.

SITE PREFERENCE	AM	PM
1.		
2.		
3.		

Current Partnering Sites: • Bouncin' Babies & Kool Kids Child Care Center & Preschool • Little Sprouts Academy • Menomonie Head Start • Milestones Educational Community
• School District of the Menomonie Area Site at River Heights Elementary • School District of the Menomonie Area Site at Wakanda Elementary • St. Joseph's School • UW-Stout Child and Family Study Center

Are there any medical needs that the bus driver should be aware of? _____

Please state any information you would like us to consider when determining placement: _____

If there are any changes in your child's daily bus routine, please phone Menomonie Transportation at (715) 235-4995.

School District of the Menomonie Area

Ramie McMahon, RN, BSN, Student Health Services Coordinator
1715 5th Street West Menomonie, Wisconsin 54751 Tel (715) 232-2609 ext.41104 Fax (715) 232-1543

4K Immunization Information for 2020-2021 School Year

Dear Parents/Guardians of 4K Students:

Before your child enters preschool this Fall, please be aware that the Wisconsin Immunization Law requires one Varicella (chickenpox) vaccination (for children 2 through 4 years) or two varicella shots (for children 5 years old and up) or the date your child previously had the disease. Although thought by some to be a harmless disease, Varicella can result in serious complications including bacterial skin infections, Reye Syndrome (a neurologic disorder), encephalitis, and meningitis and can be fatal.

Also, please be aware that required immunizations also include (for students ages 2 through 4 years old) 4 doses of DTP/DtaP/DT vaccine, 3 doses of Polio vaccine, 3 doses of Hepatitis B vaccine, and 1 dose of MMR vaccine. Children 5 years of age or older who are enrolled in a Pre-K class need 4 doses of DTP/DtaP/DT (with either the 3rd, 4th, or 5th dose on or after the 4th birthday – a dose 4 days or less before the 4th birthday is also acceptable, 4 doses of Polio vaccine (or a 3rd dose after the 4th birthday – a dose four days or less before the 4th birthday is also acceptable), 3 doses of Hepatitis B vaccine, and 2 doses of MMR vaccine. The first dose of the MMR vaccine must have been received on or after the first birthday – a dose 4 days or less before the 1st birthday is also acceptable.

The date (month, day, and year) of each immunization must be entered on the Student Immunization Record that is enclosed and also available from your child's school or the district office. This form should be submitted to the Menomonie School District Administrative Service Center. Please see the enclosed Student Immunization Law Age/Grade Requirement for the 2020-2021 school year.

Waivers are available for religious, health, and personal conviction reasons. However, in the event of an outbreak of a vaccine preventable disease, student with waivers may be excluded from school until the outbreak subsides.

You are encouraged to have your child immunized well in advance of school opening to avoid the late summer rush at immunization clinics. For immunizations, contact your doctor, clinic, HMO or the Dunn County Public Health Department (715-232-2388).

You may view your child's immunization record from your computer on the Wisconsin Immunization Registry (WIR). The WIR is a secure computerized data system that tracks immunizations given to people. The internet address is <http://dhfsWIR.org>. To obtain the dates of your child's immunizations, type in your child's name, social security or Medicaid number. In order to access your child's record their social security number must be in the system. If it is not, contact your medical provider and ask that the number be put into WIR so that you can access your child's immunization record. Address information about your child is not provided.

If you would like further information on immunizations, please see the following websites:
www.cdc.gov/nip, www.immunize.org, and www.immunizationinfo.org

Cordially,



Ramie McMahon, RN, BSN
Student Health Services Coordinator

STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age and grade level according to the Wisconsin Student Immunization Law. These requirements can be waived for health, religious, or personal conviction reasons. Additional immunizations may be recommended for your child depending on his or her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

Grade/Age	Number of Doses					
Pre-K (ages 2 through 4 yrs) ¹	4 DTaP/DTP/DT ²	3 Polio	3 Hepatitis B ⁶	1 MMR ⁷	1 Varicella ⁸	
Kindergarten through Grade 5	4 DTaP/DTP/DT/Td ^{2,3}	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸	
Grades 6 through 12	4 DTaP/DTP/DT/Td ²	1 Tdap ⁴	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸

1. Children 5 years of age or older who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5, which would normally correspond to the individual's age.
2. D = diphtheria, T = tetanus, P = pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students Pre-K through 12; Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note:** A dose four days or less before the 4th birthday is also acceptable.
3. DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. **Note:** a dose four days or less before the 4th birthday is also acceptable.
4. Tdap is an adolescent tetanus, diphtheria, and acellular pertussis combination vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
5. Polio vaccine for students entering grades Kindergarten through 12; Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note:** a dose four days or less before the 4th birthday is also acceptable.
6. Laboratory evidence of immunity to hepatitis B is also acceptable.
7. MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the 1st birthday. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable. **Note:** A dose four days or less before the 1st birthday is also acceptable.
8. Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.



STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

PERSONAL DATA PLEASE PRINT

Step 1	Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number	

IMMUNIZATION HISTORY

Step 2 List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, Tdap, or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DOSE MM/DD/YYYY	THIRD DOSE MM/DD/YYYY	FOURTH DOSE MM/DD/YYYY	FIFTH DOSE MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine <i>Vaccine is required only if your child has not had chickenpox disease. See below:</i>					
Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> YES _____ Year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)			Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s)		

REQUIREMENTS

Step 3 Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4 **STUDENT MEETS ALL REQUIREMENTS**
 Sign at Step 5 and return this form to school.
 _____ Or _____

STUDENT DOES NOT MEET ALL REQUIREMENTS
 Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL the required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations _____

SIGNATURE - Physician Date Signed

For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap, Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

SIGNATURE

Step 5 This form is complete and accurate to the best of my knowledge. Check one: (I do I do not) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed

HEALTH INFORMATION

Child's Name: (First, Middle, Last)	Date of Birth: (Month, Day, Year)
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Parents complete the form and immunization section (backside) before taking child into the doctor.

Has your child been diagnosed with any of the following? If Yes, indicate the year diagnosed.

Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____	Convulsive Disorder <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____	Lead Poisoning <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____
ADD/ADHD <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____	Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____	Migraines <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____
Bladder/Kidney Disease <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____	Hearing Loss <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____	Skin Disease <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____
Joint Disease <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____	Heart Murmur <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____	Pneumonia <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____
Seasonal/Other Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____ List:	Allergy to Medication <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____ List Medications:	Bee Sting Allergy <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____ Requires Injection <input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____
Chicken Pox Indicate Year _____ Other Concerns: _____		
List Medications presently taking: _____		
Surgery and/or Hospitalizations (state year and explain) _____		

Circle if your child has had any of the following (frequently)

Strep throat	Headaches	Toothaches	Hives
Hoarseness	Colds	Earaches/Draining ears	Eye Complaints
Mouth breathing	Prolonged cough	Fainting spells	Wears glasses

THIS SECTION TO BE FILLED IN BY PHYSICIAN: * OPTIONAL *

Height	Weight	Lungs	Skin	Heart
B.P.	Eyes	Tonsils	Ears	Urine
Abdomen	Hgb	Chronic Disabilities		
Lead Level Testing Results		Mantoux or Chest x-ray		

Medical conditions and/or emotional or behavioral problems of significance to school authorities:

Is pupil capable of carrying a full program of school work? Yes () No ()

Are there any restrictions or limitations regarding seating arrangements, ambulation or physical activity including physical education and/or outdoor recess? Yes () No ()

Please elaborate on any recommended restrictions from normal school work? Yes () No ()

Are there any restrictions or limitations regarding seating arrangements, ambulation or physical activity including physical education and/or outdoor recess? Yes () No ()

Please elaborate on any recommended restrictions from normal school activity including the nature and duration:

Please indicate for follow-up purposes the need for specific medical, dental, psychiatric or surgical care, or immunizations:

Should child be seen again? Yes () No () If yes, how soon?

Physician Signature

Address

Date

School District of the Menomonie Area

Ramie McMahon, RN, BSN, Student Health Services Coordinator
1715 5th Street West Menomonie, Wisconsin 54751 Tel (715) 232-2609 ext.41104 Fax (715) 232-1543

Date: January 2020
To: Parents/Guardians of 4/5 year-old Kindergartners
From: Ramie McMahon, Student Health Services Coordinator
Subject: 4K/5K Kindergarten Eye Health Examination

A current Wisconsin law requires schools to request that each pupil entering 4K/5K Kindergarten provide evidence of an eye examination by a physician or optometrist. The law (s.118.135, Wis. Stats.) was created as a result of the governor's budget bill, 2001 Act 16, section 9143.

Basically, the law requires each school district to:

- Request or suggest that kindergarten students have an eye examination; and
- Provide the parent/guardian with a copy of the form (enclosed)

Parents/Guardians of incoming 4K/5K Kindergarten children are instructed to ask their physician/optometrist to complete the form and return it to their school by December 31, 2020.

To minimize any potential financial barrier to obtaining an exam, members of the Wisconsin Optometric Association have agreed to provide free examinations for qualifying families. You are encouraged to contact the association for more information at 1-877-435-2020. In addition, local Lions Club organizations have a long history of providing financial resources to enable families to purchase glasses.

The benefits of early identification and management of children's vision problems are numerous. If you have any questions you can reach me at 232-2609 x 41104.

Cordially,



Ramie McMahon, RN, BSN
Student Health Services Coordinator

State of Wisconsin
Department of Regulation and Licensing
KINDERGARTEN EYE HEALTH EXAMINATION REPORT

Student's Name _____ Birth Date _____ Sex _____
Parent or Guardian _____ Phone _____
Address _____ County _____
School/Kindergarten _____ City _____
Date entering Kindergarten _____

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

- Brief history (general health and eye health) of the child, including family history
- General external observation of the child's eyes and surrounding structures
- Ophthalmoscopic examination through an undilated pupil
- Gross measurement of peripheral vision
- Evaluation of eye coordination and function (alignment and motility)
- Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: Yes No

Date of examination:

Doctor/Physician Signature:

Print or stamp:

Doctor/Physician Name
Address
Phone

IMPORTANT NOTICE TO PARENTS

This examination is not required by law. Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats.

Disclosure of this information is voluntary and there is no penalty for non-compliance.

You are encouraged to provide a copy of this form to the school and keep a copy for your record.

Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature _____

Date _____