



Spooner Area School District

801 County Highway A · Spooner, WI 54801 · ph:715-635-2171 · fax :715-635-7074 · www.spooner.k12.wi.us

K-12 STUDENT REGISTRATION FORM

2022-2023 Grade _____ Anticipated Start Date _____

STUDENT'S LEGAL NAME _____
(First Name) (Middle Name) (Last Name)

DATE OF BIRTH ____/____/____ PLACE OF BIRTH (City, County, State) _____

GENDER Female Male PRIMARY PHONE NUMBER _____

PRIMARY ADDRESS _____
(Street) (City/Town) (State) (Zip)

MAILING ADDRESS (if different from above) _____

SPOONER SCHOOL DISTRICT RESIDENT Yes No

If No, what is the resident school district _____

If No, have you applied for Open Enrollment Yes No

SCHOOL LAST ATTENDED (INCLUDE 4K)

School Name _____ Public Private

School Address _____

School Phone Number _____ School Fax Number _____

FIRST TIME ENROLLING IN A WISCONSIN PUBLIC SCHOOL? Yes No

Have you been enrolled in any of these types of special classes or programs at your previous school?

____ Special Education (LD, CD, EBD, S/L, OT/PT)

____ Honors/Accelerated/G/T

____ Section 504 Accommodation Plan

____ Alternative School

____ Home School

Screening Information	Diagnosed	Not Apparent
Physical Disability		
Vision Concerns (other than glasses)		
Hearing Concerns		
Autism		
Speech and/or Language Concerns		
Cognitive or Developmental Disability		
Emotional or Behavioral Concerns		
Learning Disability		

Please read and place your initials by each statement below.

____ I declare that my son/daughter has not been expelled or was under the process of expulsion, from a previous school district pursuant to Section 120.13(1)(f) of the Wisconsin Statutes. I understand and acknowledge that my failure to provide a true response to this statement is grounds for expulsion of my son/daughter, pursuant to Section 120.13(1)(f) of the Wisconsin Statutes.

____ I have the legal authority to enroll this child in school.

The information provided on this form is true and accurate to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Office Use ONLY: Copy to School Nutrition Copy to Badger Bus Records Request Sent Copy to Special Services Copy to District Nurse
Student # _____ Grade _____ Grad Year _____ Homeroom _____ Locker # _____



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ANNUAL DEMOGRAPHIC UPDATE FORM

THIS FORM MUST BE COMPLETED ANNUALLY TO ENSURE ACCURATE DATA REPORTING TO THE DEPARTMENT OF PUBLIC INSTRUCTION

Student Name:

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Last Name

First Name

M

Grade

Please answer ALL parts A, B, and C.

Part A.

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

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

The question is about ethnicity, not race. The question below is about original ancestry or race – no matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) races to be.

Part B.

What is the student's race? (*Choose one or more*)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America and Mexico)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Part C.

Military Service

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

Parent/Guardian Signature _____ Date: _____



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FAMILY REGISTRATION FORM

STUDENT'S FULL NAME _____

CUSTODIAL PARENT(S)/GUARDIAN(S) RESIDING WITH STUDENT

Legal First Name	M.I.	Legal Last Name	Relationship	Cell Phone #	Work Phone #

EMAIL ADDRESS _____

ARE YOU LIVING IN TEMPORARY HOUSING? Yes No

If yes, Living Arrangements: House Apartment Shelter Double Up
 Other (please explain) _____

STUDENT RESIDES PRIMARILY WITH

Father & Mother Mother Only 50/50 Physical Placement
 Mother & Stepfather Father Only Other _____
 Father & Stepmother Guardian

IS THERE A STEP-PARENT IN THE HOUSEHOLD? Yes No

If yes, print name of step-parent _____

I would like the step-parent residing in my household to have parental rights for school purposes.

Yes No _____
 (Biological parent signature required) (Date)

LIST ALL CHILDREN IN THE HOUSEHOLD (include all children who are 18 years of age or younger)

First Name	M.I.	Last Name	Gender	Birth Date	Grade	School

OTHER GUARDIAN / SECOND MAILING (50/50 OR NON-CUSTODIAL PARENT)

Legal First Name	M.I.	Legal Last Name	Relationship	Cell Phone #	Work Phone #

EMAIL ADDRESS _____

House #	Street Name	Apt #	City	State	Zip	Home Phone #



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STUDENT EMERGENCY FORM

EMERGENCY CONTACT INFORMATION

In the case of an illness or emergency, parents are always contacted first. Please DO NOT list parents as the emergency contacts. Emergency contacts should be within a 50-mile radius and should be available to pick up an ill or injured student. Be sure anyone you put down knows that they are on your child's emergency contact list. Please be aware that in any situation, students will not be released to an individual that is not listed as an emergency contact (going home ill, picking up for an appointment, lockdown, schoolwide evacuation, etc.)

Emergency Contact #1 Name _____

Primary Phone # _____

Second Phone # _____

Third Phone # _____

Relationship of Emergency Contact to Student _____

Emergency Contact #2 Name _____

Primary Phone # _____

Second Phone # _____

Third Phone # _____

Relationship of Emergency Contact to Student _____

Emergency Contact #3 Name _____

Primary Phone # _____

Second Phone # _____

Third Phone # _____

Relationship of Emergency Contact to Student _____

EMERGENCY CLOSING INFORMATION

In the event school is dismissed early because of weather or a school emergency, the following information is needed.
PLEASE CHECK ONE:

My child will ride his/her regular bus to his/her regular after school destination.

Send my child to address below:

Person responsible _____ Phone Number _____

Local Address _____



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STUDENT HEALTH INFORMATION FORM

<u>Has your child had a serious illness and/or injury? (Describe, Include date)</u>		
Hospital: _____	Date: _____	Condition: _____
<u>Has your child had surgery? (Describe, Include date)</u>		
Hospital: _____	Date: _____	Condition: _____
<u>Has your child had a drug reaction?</u>		
Name of drug: _____	Date: _____	Reaction: _____

Please check if any of the following apply Diagnosed Condition – PLEASE ADD COMMENTS	Have Had	Have Now
ADD/ADHD		
ALLERGIES (INCLUDING BEE STING)		
ASTHMA		
BLADDER/KIDNEY DISEASE		
CONVULSIVE DISORDERS/SEIZURES		
DIABETES		
HEARING LOSS		
HEART CONDITION		
JOINT DISEASE		
LEAD POISONING		
MIGRAINES		
OTHER (LIST)		

Comments regarding above information _____

Daily Medications (please list) _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

Eye Doctor _____ Phone # _____

Does student wear Glasses/Contacts Reading Glasses Only

I hereby authorize the nurse, health para, administrator, or other designated person to call any of the listed emergency contacts if needed for the care of my child. If my physician is not available (as listed) then an alternate physician may be contacted in an emergency. In case of a *serious* medical emergency or illness, 911 will be called. I authorize the release of any health information to the school district employees and contracted bus company when necessary for the safety and educational benefit of my child.

Parent/Guardian Signature _____ Date _____

Please contact the District School Nurse (715-635-2171 ext 4050) for any special health concern.



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HOME LANGUAGE SURVEY

NAMES/GRADES OF ALL CHILDREN

Name	Age/Grade	Name	Age/Grade

Relationship of Person Completing Survey

Mother
 Father
 Guardian
 Other (*please specify*)

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

1. What language did the child(ren) 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) 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 brothers/sisters?
7. What language does the child speak to her/his friends most of the time?
8. Can an adult family member or extended family member speak English?
9. Can an adult family member or extended family member read English?
10. Do the parents/guardians request oral and/or written communications from the school to be in English?

If no, in what language? _____

English	Other Lang.	Specify Lang.

Yes	No

SIGNATURE

Signature of Person Completing Survey

Date Signed

FOR STAFF COMPLETION – TO BE COMPLETED FOR ALL NEW ELL STUDENTS

ELL File Opened		Today's Date	ELL Test Date	Test
Yes	No			
ELL Evaluator		ELL Level		Placement



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REQUEST FOR RECORDS

APPROXIMATE START DATE FOR STUDENT _____

Last School Attended _____	Fax # _____
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Student Name _____	Date of Birth _____	Grade _____
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Description:

The information to be disclosed and exchanged consists of:

- Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)
- Medical and/or related health records
- Psychological evaluations or social work reports (*if applicable*)
- Team evaluations and related reports (*if applicable*)
- Appropriate agency reports (*if applicable*)
- Individualized education program (IEP) (*if applicable*)
- Others (specify) _____

Authorization

Parent Signature _____

Date _____

Student Signature (if 18 years of age) _____

Date _____

Pursuant to Wisconsin Statutes 118.125(4) and Federal Regulations Section 99.31/34 you are authorized to forward the above student's records (progress and behavioral) by this official notification of student enrollment.

Mail ALL Records to:

801 County Highway A, Spooner, WI 54801

Fax Regular Education Records/Transcripts:

____ Spooner Elementary	Ph: 715-635-2174	Fax: 715-635-7984
____ Spooner Middle	Ph: 715-635-2173	Fax: 715-635-9621
____ Spooner High	Ph: 715-635-2172	Fax: 715-635-7074

Fax Transcripts ASAP

Fax or Email Special Education Records:

____ School Psych Services Fax or email current **IEP** and most recent **Evaluation before** sending file to petersonde@spooner.k12.wi.us (fax 715-635-7074).



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TRANSPORTATION INFORMATION

Date _____

Student Name:

--	--	--	--

Last Name

First Name

M

Grade

First Family Information

Parent Name _____ Relationship to Child _____

Phone Home _____ Cell _____ Work _____

Address (use street name and fire address – no PO box numbers)

My child will ride the bus to/from this residence: yes no If yes, which days _____

Other Information _____

Second Family Information

Parent Name _____ Relationship to Child _____

Phone Home _____ Cell _____ Work _____

Address (use street name and fire address – no PO box numbers)

My child will ride the bus to/from this residence: yes no If yes, which days _____

Other Information _____

Emergency Name & Phone Number _____

Do you have other students presently riding a bus? _____

If yes, please give names and bus route. Route _____ Bus # _____

Bus Driver Name _____

Student Names _____

Destination requests other than home with phone number (neighbor, daycare, etc.) _____

Medical Information: Is there any special condition we should know about to help us in transporting your child? If so, please explain. All information is confidential. _____

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 be waived only 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 reason only. If you have questions on 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 (Mo/Day/Yr)	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 Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
	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 Vaccine is required only if your child has not had chickenpox disease. See below:						
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)						

Step 3	REQUIREMENTS Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.
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Step 4	<p>COMPLIANCE DATA</p> <p>STUDENT MEETS ALL REQUIREMENTS Sign at Step 5 and return this form to school. _____ Or _____</p> <p>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.</p> <p><input type="checkbox"/> Although my child has NOT received ALL 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.</p> <p>NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.</p> <p>WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)</p> <p><input type="checkbox"/> For health reasons this student should not receive the following immunizations _____</p> <p>_____ _____ SIGNATURE - Physician Date Signed</p> <p><input type="checkbox"/> For religious reasons this student should not be immunized.</p> <p><input type="checkbox"/> For personal conviction reasons this student should not be immunized.</p> <p>LIST VACCINE(S) WAIVED _____</p>
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Step 5	<p>SIGNATURE</p> <p>This form is complete and accurate to the best of my knowledge. Check one: (I do <input type="checkbox"/> I do not <input type="checkbox"/>) 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.</p> <p>_____ _____ SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed</p>
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ANNUAL ACCEPTABLE USE AGREEMENT

RETURN THE COMPLETED FORM TO THE MAIN OFFICE
AT YOUR CHILD'S SCHOOL EACH YEAR

Valid for the 2022-23 School Year

Student Name:

<i>Last Name</i>	<i>First Name</i>	<i>M</i>	<i>Grade</i>

Student

I have read and understand the Spooner Area School District Acceptable Use Agreement. I agree to follow the rules contained in this agreement. I understand the School District may monitor my email, Internet and other computer activities. I further understand that if I violate the rules, my access privileges may be terminated and I may face other disciplinary measures, and/or appropriate legal action.

Student Signature

Date

Parent/Guardian

As the parent/guardian of the above student, I have read and understand the Acceptable Use Procedures and guidelines for access to technology resources and the Internet. I understand that this access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials, but I accept responsibility for guidance on Internet use. I will not hold the School District responsible for materials acquired by my child via the network and/or Internet.

I hereby give permission to issue an account to my child. The signed agreement will be kept on file. Parents have the right to withdraw their permission at any time.

Parent/Guardian Signature

Date

In the event that a parent/guardian does not wish to have his/her child use the Internet, a letter of explanation should be written, signed and sent to the principal. The child will still be expected to use computers on the local network for class-related assignments.

This agreement will become part of the student's cumulative record. After you have read and signed the form, please return it to the main office at your child's school. This form is valid only for the current school year and will need to be completed each school year.



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ANNUAL OPT-OUT FORM

NOTICE FOR RELEASE OF STUDENT DIRECTORY INFORMATION
FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

Valid for the 2022-2023 School Year

Return the completed form to the main office at your child's school each year. If no documentation is on file, it will be assumed that permission for release of Directory Information and/or photos has been granted.

Student Name:

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Last Name

First Name

M

Grade

In accordance with the Spooner Area School District's Notice for Release of Student Directory Information, I hereby request Directory Information from my child's education records **not be released.**

The following information is designated as Directory Information by the Spooner Area School District:

- Student's Name
- Parent/Guardian's Name
- Address
- Telephone listing
- Photograph and images
- Date and place of birth
- Major field of study
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Individual data related to personal fitness (athletic ability, height, weight, etc)
- Degrees, honors and awards received
- Most recent educational agency or institution attended

Please note the choices below to opt-out of releasing all directory information or only address and/or telephone listing and/or academic. If you choose to opt-out from all directory information to be released, please know your child's name, photograph, and other information will not be made available in publications such as:

- The annual yearbook
- Honor roll or other academic recognition lists
- Event programs
- Sports activity sheets, showing year or grade of team members
- District and school websites and videos

Check the options below that best represent your Opt-Out wishes:

- Do not release my child's address or telephone listing
- Do not release my child's name
- Do not release my child's achievements or participation record
- Do not release my child's photo

(OR)

- Do not release any of my child's Directory Information as defined above

Parent/Guardian Signature (*Students 18 years of age may sign their own request*)

Date

Name of Parent/Guardian (*Please print*)

This opt-out form will become part of the student's cumulative record. After you have read and signed the permission form, please return it to the main office at your child's school. This form is valid only for the current school year and will need to be completed each school year.



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ONE-TO-ONE CHROMEBOOK DEVICE PARTICIPATION FORM

Valid for the 2022-23 School Year

Student Name:

<i>Last Name</i>	<i>First Name</i>	<i>M</i>	<i>Grade</i>

I, the parent/guardian, understand that my student will be issued a Chromebook Device through Spooner Area School District and that I am responsible for any *deliberate* damage that my student does to the equipment issued to them. Beginning with the 2018-19 school year, students will not be allowed to use their own devices during the school day and may only use their school issued Chromebook.

I, the parent/guardian, understand the district has an offered damage protection program.

_____ I wish to participate in the damage protection program. My check/money order (made out to the Spooner Area School Department) for \$30 is enclosed.

or

_____ I choose to decline to participate in the damage protection program and, therefore, accept **FULL** financial responsibility for any and all non-warranty damage that may occur.

I have reviewed the Appropriate Use Policy (AUP) and have completed the Appropriate Use Agreement. My signature and payment of the annual technology fee indicate that I understand and will abide by the policies and procedures of the Spooner Area School District relating to personal learning devices and technology use. I will work with my child to assist them in abiding by the policies and procedures of the Spooner Area School District relating to personal learning devices and technology use.

I fully understand and accept the terms of the Spooner Area School District Chromebook device in school use and take home agreement.

Parent/Guardian Signature (*Students 18 years of age may sign their own request*)

Date

Name of Parent/Guardian (*Please print*)

Provided as a resource for parents/guardians to take home and refer to when necessary.

This device participation form will become part of the student's cumulative record. After you have read and signed the permission form, please return it to the high school office. This form is valid only for the current school year and will need to be completed each school year.

The Spooner Area School District and the staff of Spooner High and Middle Schools agree with, the take home use of the Chromebooks issued to students. For the most part students in the past have handled in school use of computers very responsibly. We are pleased and proud of their maturity level in their computer use. The privilege of taking home a district Chromebook device requires a higher level of care. **The following information is for all parents and students to understand:**

The Chromebook devices are issued as an educational tool and should only be used in that capacity and in an area with family supervision. Inappropriate use of messaging or evidence of use of inappropriate websites will result in forfeiture of future use and additional disciplinary measures. Misuse by parents or any other family member will also result in forfeiture of continued use.

The students are responsible for the assigned Chromebooks being present at the start of school each day. Chromebooks left in unsupervised areas such as locker rooms, hallways, bus stops, and gymnasiums are subject to loss of use.

Damage due to misuse, negligence, as well as loss or theft is the responsibility of the student/family. Issues of this nature should be reported to school authorities immediately. Chromebooks should be in their carrying cases when traveling between any two locations (this means no usage on school busses). Chromebooks should not be charged in their cases. Chromebooks should remain in their carrying cases unless being charged or actively used.

Incident Reporting Procedures For Chromebook Issues:

- In School/At Home Damage
 - When damage occurs in school or at home the student or parent should report the problem immediately to main office. Our in-house technician will evaluate the damage. If the damage requires repair and is the first incident for the child, the issue will be recorded and the repair or replacement will be initiated. Parent notification will be made as an alert to the future charges and student use of the Chromebook. Additional repairs will result in the assessment of charges and parent notification as indicated above.
- Theft/Fire
 - A family must file a police or fire report in the event of theft or fire. A copy of the report delivered to the building principal's office within ten (10) business days of the incident or discovery of the theft. Failure to comply with reporting requirement will result in a charge for the full replacement cost of the Chromebook (not less than \$300).
- Misuse/Neglect
 - The assigned student, parent, or a district employee will report damage resulting from negligence or intentional misuse to the principal's office--whether the damage was during or outside of the school day. A parent conference will be held to review the incident and the resulting discipline and charges will be assessed. Please keep in mind that the technology fee specifically states that it does not cover intentional misuse or negligence.
 - Negligent damage should be the remote exception. This type of damage is not limited to the screen, but impacts multiple internal and external areas of the device. Examples of negligent damage may include but is not limited to, writing on the screen, scratches/etching on the screen or casing, and obvious signs of heavy impact from throwing the device. The disciplinary action includes the repair or retail replacement cost (not more than \$300) of the device.

Failure to comply with any portion of this agreement will result in revoked privileges to use the school owned devices at home. Depending on severity of the offenses, revoked privileges will typically increase in successive cases. We reserve the right to accelerate the above consequences depending on the offense.

Received _____

Initials _____

SCHOOL DISTRICT OF SPOONER

SCHOOL HEALTH SERVICES

801 County Hwy A
Spooner, WI 54801

Spooner Elementary 715-635-2174
715-635-7984 (FAX)
Spooner Middle School 715-635-2173
715-635-9621 (FAX)
Spooner High School 715-635-2172
715-635-7074 (FAX)

**Stock Tylenol 325mg &
Ibuprofen 200mg available at
the MS/HS.
This form must be signed for
med to be given at school.**

ADMINISTRATION OF MEDICATION CONSENT

Student Name: _____ Grade: _____ D.O.B.: _____

School: Elementary School Middle School High School

Medication Name: _____ Prescription Non-Prescription

Dosage: _____ Route: _____ Time: _____

Starting Date: _____ Termination Date: _____

Reason for Medication: _____

If "as necessary," conditions under which medication should be given: _____

Precautions, possible unfavorable reactions, and/or interventions: _____

Prescribing Physician Name (please print): _____ Phone: _____

***Physician Signature:** _____

I hereby give my permission for designated school personnel to give this medication to my child according to the directions state above and for the school nurse to contact my child's physician if necessary.

A physician's written, signed statement and pharmacy-labeled container must be supplied by the parent/guardian if medication to be given during the school day. Medication must be provided to school personnel in its original container.

I further agree to hold the School District of Spooner and above persons harmless in any and all claims arising from the administration of this medication, according to policy, at school.

I agree to notify the school in writing when any change in the above orders is necessary.

This medication needs to accompany the student on school related field trips _____ YES
_____ NO

Date: _____ **Home Phone:** _____

Signature of Parent _____ **Work Phone:** _____