

ENROLL NOW

2024-2025 School Year

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 E
(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 session - No Childcare)
- Rocking B Academy
3020 Schneider Avenue E.
(715) 308-4208
(AM session - Childcare Available)
- Little Sprouts Academy
425 Technology Drive East
(715) 233-2035
(AM session - Childcare Available)
- Milestones Early
Educational Community
2516 Hils Court
(715) 235-3875
(AM & PM session - Childcare Available)
- St. Joseph's School
910 Wilson Avenue
(715) 232-4920
(PM session - No Childcare)

4K Questions Call:
(715) 232-1642



School District of the Menomonie Area 4K Program

Four-year-old Kindergarten (4K) is open to any child who is **4 years old on or before September 1, 2024**, 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 eight 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 offers 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

Enrollment for the 2024-2025 school year will begin on **Monday, February 5, 2024** and continues throughout the school year. Please contact the enrollment office at (715) 232-1642, ext. 11331 if you have any questions.

Please complete **pages 2-8** and return to district office using one of the following methods.

1. The preferred method is to complete the required forms electronically. You must first download and save the packet before completing the required forms, save again, and return via email to: sdma_enrollment@msd.k12.wi.us.
2. Mail to: Administrative Service Center, Attn: 4K Enrollment, 215 Pine Avenue E., Menomonie, WI 54751
3. Bring completed required forms to the Administrative Service Center (ASC).

To finalize the enrollment, please submit the following items at the time of enrollment or prior to May 31, 2024.

1. **Proof of Age** (child's original birth certificate for age verification)
2. **Proof of Address** (mortgage document, utility, or other current statement)
3. **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 2024.

4K 2024-2025 Student Registration Form

Student Information:

LAST NAME (LEGAL)	FIRST NAME (LEGAL)	FULL MIDDLE NAME	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ENTERING GRADE:	GENDER	DESIRED START DATE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
PRIMARY HOME LANGUAGE	BIRTH PLACE		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Hmong <input type="checkbox"/> Other <input type="text"/>	<input type="text"/> If other, please write above City /County / State		

For Office Use Only:

Birth Certificate Verified By: _____

School:
 DWN
 KN
 OAK
 RH
 WAK
 MS
 HS

Process:
 Enter
 Copy
 RR
 Bus
 OE

ETHNICITY DESIGNATION: (MUST CHOOSE ONE)

- Not Hispanic or Latino
 Hispanic or Latino
 Columbian | Ecuadorian | Guatemalan | Mexican | Puerto Rican | Salvadoran | Spain

RACE: (CHOOSE ONE OR MORE)

- American Indian or Alaska Native
 Asian
 Burmese | Chinese | Filipino | Hmong | Indian | Karen | Korean | Vietnamese
 Black or African American
 African-American | Ethiopian-Oromo | Ethiopian | Liberian | Nigerian | Somali | Native | Hawaiian or
 Other Pacific Islander
 White

Last School Attended: (most recent first)

NAME OF SCHOOL	GRADE	PUBLIC OR PRIVATE	PHONE	CITY/STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Distributing Student Data:

State statute (Wis. Stat § 11.125(1)(b)) 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 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: Military Recruiters
 Allow Withhold: Institutions of Higher Education
 Allow Withhold: Public use such as newspapers, social media, marketing purposes
 Allow Withhold: Local/district use, such as Yearbooks, Photographs, Sports

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 Title 32? Yes No

Student Education History:

1. Is this student applying for Open Enrollment into Menomonie School District? Yes No
 If yes, name of resident district:
2. Is this student currently under expulsion or awaiting an expulsion hearing? Yes No
 If yes, from what school and district?
3. Has this student been identified as having an IEP? Yes No
 If yes, what is your child's special need?
4. Is this student receiving EL (English as a Second Language) Services Yes No
5. Check any concerns you have about this student: Speech Health Behavior Learning Vision/Hearing Dental
 Other

Parent/Legal Guardian Signature: _____

Date: _____

Student's Primary Residence: Who does the student primarily live with during the school year/days?

Father & Mother Father Only Mother & Stepfather Guardian

50/50 Placement Mother only Father & Stepmother Other: _____

Are there any court documents you wish to notify the school about? (e.g. custody court doc.) Yes No
(A copy of the legal documents is required.)

Student's Primary Residence: (A parent's boyfriend/girlfriend or fiancé, living in the same house, is NOT a legal guardian)

1 PARENT/GUARDIAN LAST NAME: _____ PARENT/GUARDIAN FIRST NAME: _____ RELATIONSHIP TO STUDENT: _____

PRIMARY PHONE: _____ EMPLOYER NAME: _____ WORK PHONE: _____ WORK HOURS: _____

PARENT/GUARDIAN EMAIL: (Email is Needed for Skyward Family Access)

2 PARENT/GUARDIAN LAST NAME: _____ PARENT/GUARDIAN FIRST NAME: _____ RELATIONSHIP TO STUDENT: _____

PRIMARY PHONE: _____ EMPLOYER NAME: _____ WORK PHONE: _____ WORK HOURS: _____

PARENT/GUARDIAN EMAIL: (Email is Needed for Skyward Family Access)

RESIDENT ADDRESS: (STREET /CITY /STATE /ZIP CODE)

MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)

Sibling Information: (AGE 18 AND UNDER RESIDING AT PRIMARY RESIDENCE ABOVE)

SIBLING'S LEGAL FULL NAME	GENDER	DATE OF BIRTH	GRADE	SCHOOL ATTENDING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student's Secondary Residence: (A parent's boyfriend/girlfriend or fiancé, living in the same house, is NOT a legal guardian)

1 PARENT/GUARDIAN LAST NAME: _____ PARENT/GUARDIAN FIRST NAME: _____ RELATIONSHIP TO STUDENT: _____

PRIMARY PHONE: _____ EMPLOYER NAME: _____ WORK PHONE: _____ WORK HOURS: _____

PARENT/GUARDIAN EMAIL: (Email is Needed for Skyward Family Access)

2 PARENT/GUARDIAN LAST NAME: _____ PARENT/GUARDIAN FIRST NAME: _____ RELATIONSHIP TO STUDENT: _____

PRIMARY PHONE: _____ EMPLOYER NAME: _____ WORK PHONE: _____ WORK HOURS: _____

PARENT/GUARDIAN EMAIL: (Email is Needed for Skyward Family Access)

RESIDENT ADDRESS: (STREET /CITY /STATE /ZIP CODE)

MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)

Sibling Information: (AGE 18 AND UNDER RESIDING AT SECONDARY RESIDENCE ABOVE)

SIBLING'S LEGAL FULL NAME	GENDER	DATE OF BIRTH	GRADE	SCHOOL ATTENDING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Allow Family Access: Yes No, Allow Food Service: Yes No, Allow Fee Management: Yes No,
Allow Online Registration: Yes No

Parent/Legal Guardian Signature: _____ Date: _____

Residency Verification Statement:

The School District of the Menomonie 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.

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:

FULL NAME	RELATIONSHIP TO STUDENT:	PHONE:
_____	_____	_____
FULL NAME	RELATIONSHIP TO STUDENT:	PHONE:
_____	_____	_____

Health Information:

PHYSICIAN NAME:	CLINIC:	PHONE:
_____	_____	_____
DENTIST NAME:	DENTAL CLINIC:	PHONE:
_____	_____	_____

IS THERE ANY HEALTH CONDITIONS? ANY ACTION NEEDED? PLEASE EXPLAIN:

DAILY MEDICATION(S):

OTHER FAMILY INFORMATION THAT THE SCHOOL NEEDS TO KNOW? PLEASE EXPLAIN

I, the undersigned, do hereby authorize officials of the School District of the Menomonie 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/Legal Guardian Signature: _____

Date: _____

Home Language Survey:

1. When at home, does this student hear or use a language other than English more than half of the time?
 Yes, _____ No
 2. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?
 Yes, _____ No
 3. When interacting with their siblings or other children, does this student hear or use a language other than English more than half of the time?
 Yes, _____ No
 4. Can an adult family member or extended family member speak English? Yes No
 5. Can an adult family member or extended family member read English? Yes No
 6. Number of years the child received formal education outside of the United States? _____
 7. Number of years the child received formal education within United States? _____
 8. Number of years the child received formal education in Wisconsin? _____
-

Digital Equity Survey:

- 1 - Internet Access in Residence: Can the student access the internet on their primary learning device at home? Yes No
 - 2 - Barrier to Internet Access in Residence: If the student is unable to access internet in their primary place of residence, why not?
 Not Desired Not Available Not Affordable Other _____
 - 3 – Internet Access Type in Residence: What is the primary type of internet service used at the residence?
 Residential Broadband (e.g., DSL, Fixed Wireless, Cable, Fiber) Cellular Network Dial-up
 Hot Spot (school provided hot spot, or school provided service) Satellite None
 Community Provided Wi-Fi Unknown Other _____
 - 4 – Internet Performance in Residence: Can the student stream a video on their primary learning device without interruption?
 Yes No Sometimes (not consistently)
 - 5 – Primary Learning Device Away from School: What device does the student most often use to complete school work at home?
 Desktop Computer Laptop Computer Tablet Chromebook Smartphone None Other _____
 - 6- Primary Learning Device Provider: Who provided the primary learning device to the student?
 School Personal Other _____
 - 7 - Primary Learning Device Access: Is the primary learning device shared with anyone else in the household?
 Shared Not Shared Unknown
-

Migrant Student Survey

1. Within the last 3 years, has your child(ren) moved from one school district to another within the United States, with a parent, relative or guardian so that person could look for seasonal or temporary work in agriculture?
 YES NO (If you answered NO, please stop. If you answered YES, please continue.)
2. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Date: _____
3. Please check any of the agricultural activities listed below that you have looked for or worked in:

<input type="checkbox"/> Sod farm	<input type="checkbox"/> Plant or harvest vegetables or fruits	<input type="checkbox"/> Planting, pruning or cutting tree
<input type="checkbox"/> Flora culture/gladiola farm	<input type="checkbox"/> Canning vegetables or fruits	<input type="checkbox"/> Poultry/or egg farm
<input type="checkbox"/> Aquaculture/fish hatcheries	<input type="checkbox"/> DE tassel corns	<input type="checkbox"/> Dairy farm
<input type="checkbox"/> Green house or plant nursery	<input type="checkbox"/> Tobacco farm	
	<input type="checkbox"/> Duck, turkey, chicken, pork or beef processing plant	

Email completed enrollment forms to: sdma_enrollment@msd.k12.wi.us

OR

Drop off in person at the Administrative Service Center building (215 Pine Avenue E. Menomonie, WI 54751

Enrollment questions call: Nella Lee at 715-232-1642 ext. 11331 or email at Marinella_lee@msd.k12.wi.us

4K Program Bus and Site Preference Form

Legal Name of Child: _____ Student Gender: Male or Female Birthdate: _____
Last First Middle Month Date Year

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

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

Primary Home Address: _____
Street City State Zip Code

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.

- NO** - I will be transporting my child to the assigned site, no bus transportation is needed.
- YES** - I am requesting bus service to and from our primary home address, as listed above.
- YES** - 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: _____

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

My child will be dropped off at the following location after attending 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: • Little Sprouts Academy • Menomonie Head Start • Milestones Educational Community • Rocking B Academy • 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.

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.

Step 1 PERSONAL DATA PLEASE PRINT

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	

Step 2 IMMUNIZATION HISTORY

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)				

Step 3 REQUIREMENTS

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

Step 4 COMPLIANCE DATA

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

Step 5 SIGNATURE

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)
-------------------------------------	-----------------------------------

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)		

Check 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

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

4K Immunization Information for 2024-2025 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 Student Immunization Law Age/Grade Requirement for the 2024-2025 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.

**Table 144.03-A
Required Immunizations for the 2023-2024 School Year**

Age/Grade	Required Immunizations (Number of Doses)							
5 months through 15 months	2 DTP/DTaP/DT		2 Polio			2 Hep B	2 Hib	2 PCV
16 months through 23 months	3 DTP/DTaP/DT		2 Polio	1 MMR		2 Hep B	3 Hib	3 PCV
2 years through 4 years	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B	3 Hib	3 PCV
Kindergarten through grade 6	4 DTP/DTaP/DT		4 Polio	2 MMR	2 Var	3 Hep B		
Grade 7 through grade 12	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B		

- 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 6, which would normally correspond to the individual's age.
- D = diphtheria, T = tetanus, P = pertussis vaccine. DTaP/DTaP/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.
- 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.
- 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.
- 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.
- Laboratory evidence of immunity to hepatitis B is also acceptable.
- 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.
- Varicella vaccine is chickenpox vaccine. Students with a reliable history of varicella disease are not required to receive the Varicella vaccine. A parent or guardian may indicate that their student has had chickenpox on the Student Immunization Record form (F-04020L).



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 2024
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, 2024.

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 _____