



Little Rams Enrollment

Please have all forms completed and submitted to Mrs. Shaw and Mrs. Brown
by the first day of school

- **FCSD #2 Enrollment Form** (Two-Sided)
- **Copy of CERTIFIED BIRTH CERTIFICATE** (we can make a copy):
This can be requested online at www.vitalchek.com

- **Copy of current immunization record**

Call your child's medical provider
Or public health at 307-856-6979 or 307-332-1073

- **Health Information Form** (Two-sided)
- This will ensure your child's best care when at school

FREMONT COUNTY SCHOOL DISTRICT #2

Dubois K-12 School

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

Enrollment Form

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

STUDENT PERSONAL INFORMATION

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

Ethnicity	Race/Origin (choose all that apply)	
(Choose only one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> No, not Hispanic/Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	

FAMILY INFORMATION

Parent/Legal Guardian Name(s):

Physical Address:	Telephone Number:
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Mailing Address:	City	State	Zip Code
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Father's Name:	Work Place:	Cell Number:
email address:	Do you have legal custody? Yes No	

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

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

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

Please list siblings (name & age) :

Student lives with (check one)

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

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

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

Non-Custodial Parent's name and phone number:

Mailing Address:

Medical / Emergency Contact Information

PLEASE LIST CONTACTS OTHER THAN PARENT/GUARDIAN:

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

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

Name: Relationship to student: Phone #

Name: Relationship to student: Phone #

Name: Relationship to student: Phone #

Home Language and Miscellaneous Information

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

Is your child currently on MEDICAID? Yes No

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

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

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

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

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

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

Previous School Information

Most Recent School Attended:

City / State:

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

Any previous record of expulsion or out of school suspension? ____Yes ____No

Has your child participated in Special Education anytime during their school years? ____yes ____no

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

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

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

Other Services: *circle all that apply*

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

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

Will your child require school bus transportation? ____yes ____no

*Students should be at their bus stop 5 minutes before the scheduled time***DUBOIS K-12 SCHOOL WILL ASSUME NO LIABILITY FOR DAMAGE TO STUDENT VEHICLES OR FOR ANY LOSS WHILE THESE VEHICLES ARE OPERATED OR PARKED ON THE CAMPUS. PLEASE KEEP VEHICLES LOCKED AT ALL TIMES.**



Confidential Health Information

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

Student Information

Student Name _____ Date of Birth _____ Age _____ Grade _____

Male _____ Female _____ Medical Provider _____ Medical Provider Phone _____

Current Health Conditions

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

☐ **The student does not have any medical concerns**

- ☐ Diabetes *
- ☐ Active Seizure Disorder *
- ☐ Severe Allergies *
- ☐ Asthma *

* Requires completed
CARE PLAN
(Obtain from the nurse)

- ☐ Severe Head Injury
- ☐ Migraines/Chronic Headaches
- ☐ Heart/Blood Disorder
- ☐ Muscles/Bones/Joints

- ☐ Skin
- ☐ Bladder/Kidney
- ☐ Stomach/Bowels
- ☐ Emotional/Behavioral

- ☐ Vision
- ☐ Dental
- ☐ Hearing
- ☐ Other

Please describe any of the above conditions you have checked (Use the other side if necessary):

Current Medications

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

☐ **The student does not require medication at school**

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

Over-the-counter medications provided at FCSD #2

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

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

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

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

Signature of parent/guardian: _____ Date: _____

CONTINUED

Health Services at FCSD #2

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

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

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

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

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

☐ YES

☐ NO

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

Please indicate yes or no to each category.

Illness Assessment

☐ YES

☐ NO

Injury Assessment

☐ YES

☐ NO

Wellness Assessment

☐ YES

☐ NO

Mental Health Assessment

☐ YES

☐ NO

Health Screenings

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

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

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

All special education and new students in the district

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

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

Signature of parent/guardian: _____ Date: _____



School Nurse

Anna Hinkle LPN
District Nurse and Food Service Director
455-5511
ahinkle@fremont2.org

Meals at Preschool:

We serve breakfast, lunch, and afternoon snacks at no cost to you. This is because of the USDA Child and Adult Food Program. Reimbursement for each meal is determined by your household income.

I will mail you a meal benefit form in August. Make sure your mailing address is current on the enrollment form you complete.

It is imperative that the application be filled out and returned on the first day of preschool.

If you choose not to fill out the application, please notify me. Your child will still receive meals and snacks at no cost, I just need a form completed.

Letting the Little Rams staff know when your child will be absent will help us cut down on food waste.

Food allergies:

If your child has a food allergy, please contact me before August 1. A form has to be completed with your doctor's signature if we need to make meal accommodations. Most families find it easier to pack their lunch from home.

Illness:

If your child doesn't feel well enough to take part in normal activities, needs more care from staff, can give and still care for the other children, has a fever, runny nose (not clear), persistent cough, or respiratory symptoms, they need to stay home. If you send them not feeling well, you'll get a call to come and pick them up.

Many times illness is more contagious just as symptoms are starting. Keep them home, rest and hydrate, and see your medical provider if needed. They will miss fewer days this way.

Immunizations:

Children attending a public or private school, preschool, Head Start, or child-caring facility must be vaccinated against the following diseases based on their age:

([Wyoming Department of Health](#))

DTap, Hib, Pneumococcal, Rotavirus, Hepatitis, Polio, MMR, and varicella.

If you have any questions or need to schedule an appointment, please call
Fremont Public Health at 307-856-6979 or 307-332-1073.

You have 30 days to have your child's immunizations current once school starts.

Once the 4-6-year-old immunizations are complete, your child is ready for Kindergarten.

Again, please contact me with any questions or concerns regarding your child's health, immunizations, or the food program.

Anna Hinkle LPN
District Nurse and Food Service Director