

Health Data

To provide a sound and safe health environment for your child's entrance to school, please provide us with the information requested below.

Student Name _____ Date of birth: _____
(as recorded on birth certificate)

Does your child have any of the following health problems? (Check all that apply)

- Diabetes Heart Problems Asthma Seizures Allergies
 Headaches Other Please explain: _____

Has your child had any of the following contagious conditions? (Check all that apply)

- Mumps Chicken Pox Strep Throat

Is your child on any medication at this time? Yes No

If yes, name of medication: _____

Will the child be taking this medication at school in the following school year? Yes No

Are you concerned about your child's vision or hearing? Yes No

If yes, please explain: _____

Does your child have tubes in his or her ears? Yes No

Does your child wear glasses? Yes No

Is your child left-handed? Yes No

Are there any medical, physical or emotional needs that the nurse or staff should be made aware of or that you are concerned about? Yes No

If yes, please explain: _____

I give permission for the information provided on this sheet to be shared with all personnel who have a need to know, confidentiality laws upheld.

Signed: _____ Date: _____



Melrose-Mindoro School District

Jeff Arzt, Superintendent
Rick Dobbs, 7-12 Principal
Corey Peterson, EC-6 Principal

N181 State Rd. 108 • Melrose, WI 54642
Phone – (608)488-2201 or (608)857-3410
Fax – (608)488-2805

MELROSE-MINDORO SCHOOLS HEALTH EXAMINATION RECORD

Name: _____ DOB: _____ Age: _____

Parents/Guardians: _____

Address: _____

Phone: _____

Physical examination

Immunizations

Height: _____ Weight: _____ (Student Immunization Card)

Skin and Scalp: _____

Eyes: See other side of sheet

Ears: _____ Nose: _____ Heart: _____

Throat: _____ Thyroid: _____ Pulse: _____

Lungs: _____ Chest: _____ Blood Pressure: _____

Abdomen: _____ Spine: _____ Extremities: _____

Neurological: _____ Skeletal: _____

GU: _____

Congenital or Chronic Conditions: _____

Medications: _____

Recommendations: _____

Limitations: _____

Physician's Signature: _____ Date: _____

**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 _____



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DENTAL EXAMINATION FOR 4 YEAR OLD KINDERGARTEN

Student's Name: _____ *DOB:* _____

Parents/Guardians: _____

Address: _____

This student was seen by me in my office for a complete dental examination. These are the results of my examination and my recommendations.

Examination: _____

Recommendations: _____

Dentist Signature: _____ *Date:* _____

MELROSE-MINDORO GRADE PROMOTION POLICY

Beginning on September 1, 2002, no student may be promoted to the next grade unless the student satisfies the criteria for promotion in this policy.

A. Student's Academic Performance.

A student achieves a cumulative grade point average of 2.0 or above in subjects, available at that grade level or as specified on the checklist, or as specified in the students Individual Education Plan (IEP)/504 Plan.

IF NOT, THEN

B. Student Score on the Wisconsin Knowledge and Concepts Exam (WKCE) or off year standard test equivalent.

A student may advance to the next grade if he/she receives a score of basic or above on four or more of the five subtests (Reading, Language Arts, Math, Science, Social Studies) and, with at least a 4.5 in the writing subtest of the WKCE) or as specified in the IEP/504 Plan.

IF CRITERION B IS NOT MET OR THE WKCE IS NOT TAKEN, THEN

C. Grade Advancement Committee

In the lower grades in which letter grades are not awarded, the student's teacher along with the Grade Advancement Committee will recommend promotion to the next grade or retention in the current grade based upon objective criteria (checklist) which indicate the student's ability to succeed at the next grade level, or as specified in the student's IEP/504 Plan.

In grades in which letter grades are awarded, and a student has not met criteria A or B above, the Grade Advancement Committee will recommend promotion to the next grade or retention in the current grade based upon objective criteria (checklist) which indicate the student's ability to succeed at the next grade level, or as specified in the student's IEP/504 Plan.

***The application of Criterion C will result in (1) promotion to the next grade, (2) promotion to the next grade following satisfactory completion of remedial coursework, or (3) retention in the current grade.**

***Advancement may be conditioned upon completion of a remedial course recommended by the Grade Advancement committee.**

AND/OR

D. Remedial Opportunities

A student will advance upon satisfactory completion of the remedial course(s) recommended by the Grade Advancement Committee. The administration, and appropriate staff will determine the condition of satisfactory completion. Failure to satisfactorily complete the remedial coursework may result in the student being retained.

Administrative Responsibility

The district administrator shall be responsible for the general supervision and management of the promotion of students under this policy. The district administrator or, if assigned the responsibility by the district administrator, the building principal shall determine whether a student has satisfied the criteria in this policy. This policy is designed to encourage early identification and interventions for those students who have academic, behavioral, and/or emotional difficulties. Written confirmation will be sent to the parent/guardians regarding the final decision in the spring of the year.

Right of Appeal

Parental involvement is encouraged in the retention decision, however, the final decision rests with the School Board. Parents may appeal the decision by filing written notice to the building principal or district administrator; who upon review of the Grade Advancement Committee decision will notify the parents within 30 days of decision. Parents will then have the option of appeal to the Board of Education, who will review the promotion or retention decision. This appeal to the Board of Education must also be in writing. Notification will be made within 30 days of the final Board decision.

Leg. Ref.: 118.33(6)(a)

I understand the criteria for promotion of my son/daughter as outlined on this form, and the requirements of the remediation program if my child does not meet the criteria for promotion.

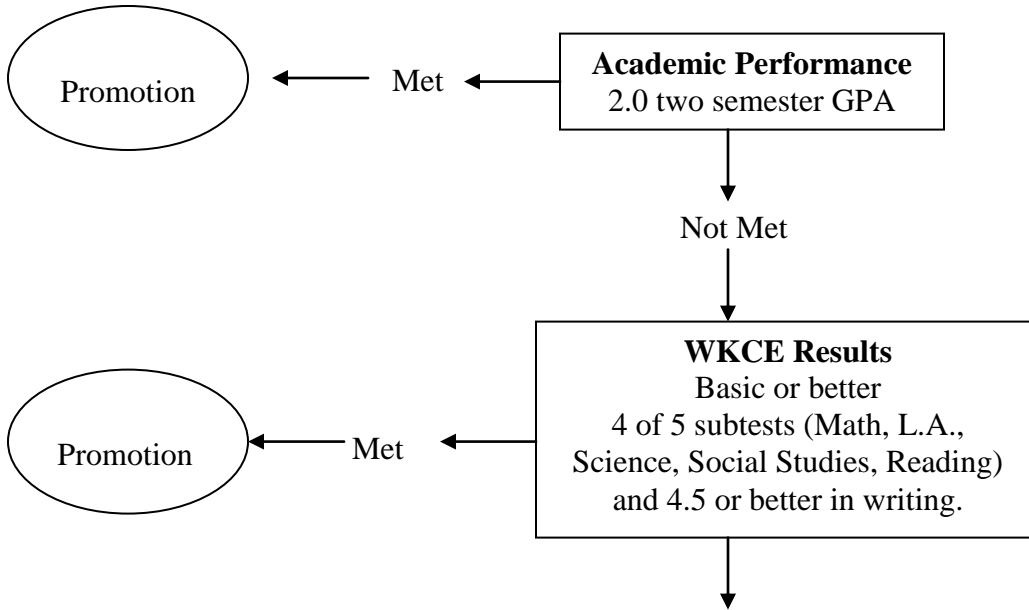
Student's name

Parent/Guardian signature

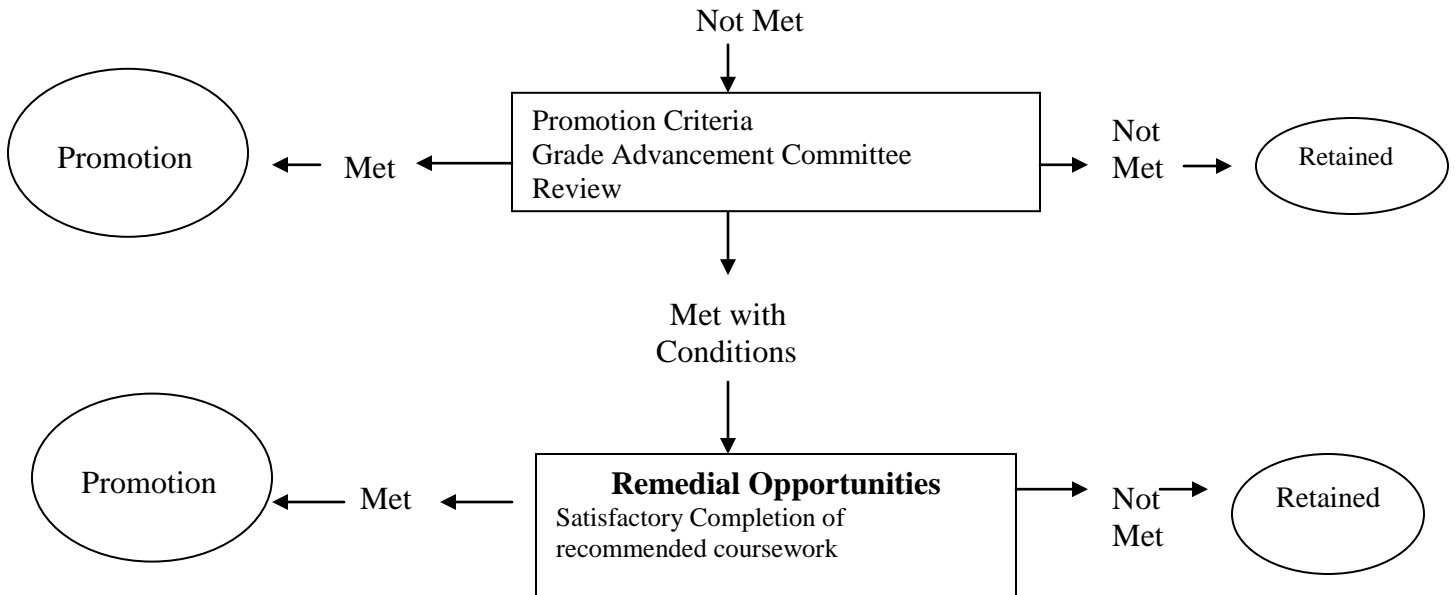
Date

Melrose-Mindoro Grade Advancement Policy

The procedure for grade advancement is diagrammed below:



****If a student scores at the minimal level on any subtest of WKCE, but has a two-semester grade point average of **2.0** in the corresponding subject area, then the student will be considered to have attained the **basic** level in the subject area when applying this criterion. Similarly, a grade point average of 2.0 in writing will meet the requirement of achieving a score of 2.5 on the writing subtest of the WKCE. For this provision to apply, the student must take the WKCE.**



Melrose-Mindoro School District Home Language Survey

In order to comply with state and federal requirements, and to assist the district in communicating with the home, please answer the following questions about your child's language.

Thank you for your assistance. All answers are for school purposes only.

PARENT/GUARDIAN HOME LANGUAGE SURVEY	
Student's Name	Grade

Relationship of Person Completing Survey

- Mother
 Father
 Guardian
 Other *Specify*

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

	English	Other	Other Language(s)
1. What language did the child learn when she or he first began to talk?	<input type="checkbox"/>	<input type="checkbox"/>	
2. What language does the family speak at home most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
3. What language does the parent(s) speak to her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
4. What language does the child speak to her/his parent(s) most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
5. What language does the child hear and understand in the home?	<input type="checkbox"/>	<input type="checkbox"/>	
6. What language does the child speak to her/his brothers/sisters most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
7. What language does the child speak to her/his friends most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
8. Can an adult family member or extended family member speak English?	<input type="checkbox"/>	<input type="checkbox"/>	
Can they read English?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do the parents/guardians request oral and/or written communication from the school to be in English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Written
	If no, in what language		

SIGNATURE	
Signature of Person Completing Survey	Date Signed
➤	

Adapted from: *Sample Survey, Institute for Cultural Pluralism*, Lau General Assistance Center, San Diego State University, San Diego, CA 921882 [sic], 1976

Bus Transportation Form

Name:			
Grade:		School:	

Home Address: _____

Home Phone: (____) _____ - _____

Parent/Guardian Information:

Name	(____) _____ - _____ Phone Number
Name	(____) _____ - _____ Phone Number

Please select up to two (2) pick up and drop off locations for your child. This schedule **must be a set schedule each week. Any deviation to this schedule becomes the parents' responsibility to transport** in accordance with School Board Policy 751. Contract must be completed before your child will be transported. **It may take up to three (3) school days to process contract changes. You will be notified when changes have been processed.**

AM Pick Up Location

Mon	
Tues	
Wed	
Thurs	
Fri	

PM Drop Off Location

Mon	
Tues	
Wed	
Thurs	
Fri	

My child does not need morning bus transportation at this time

My child does not need afternoon bus transportation at this time

By completing the Student Transportation Contract, both the parent and the student are agreeing to the rules and policies stated within the Transportation Handbook.

Parent Signature

____/____/____
Date

****Transportation Department Use Only****

Date Received ____/____/____

Date Processed ____/____/____

AM Bus # _____

School Notified ____/____/____

Noon Bus # _____

Parent Notified ____/____/____

PM Bus # _____

4K/EC AM 4K/EC PM Special Needs Wheelchair Car Seat

Melrose-Mindoro School District

Census Data Collection

The Melrose-Mindoro School District is collecting census data for children 20 years of age (as of June 30 this year) and younger. **Please complete this form only if you have a new addition to the family, are new to the district, even if your child(ren) do not attend Melrose-Mindoro Schools.**

Will your child(ren) attend school in the Melrose-Mindoro School District? () Yes () No

If no, where will they attend school? _____

Please list children oldest to youngest (age 0-20 years old as of June 30 this year) residing in your home. Use legal names of children.

Child's First Name	Child's Last Name	Date of Birth	Gender (M/F)	Current Grade Level

Parent(s) or Guardian(s)
(List only those living in the household.)

Father's Full Name _____

Mother's Full Name _____

Others' (not already listed) Full Names _____

Address (street, city) _____

City, Village, or Township you live in _____

Home Phone # _____ Cell # _____

You may use the fold-form on the reverse side for convenience, **just fold, tape, add postage, and mail.**

Please send this form to:
Melrose-Mindoro High School
ATTN: Michelle Murray
N181 ST RD 108
Melrose, WI 54642
Or e-mail to: murraym@mel-min.k12.wi.us

4K and KINDERGARTEN REGISTRATION

Notes from Your Nurse

Welcome to the Melrose-Mindoro School District. It is our policy to create a health promoting environment in our schools. Below are a few items of importance for you to know.

IMMUNIZATIONS

Check with your provider about any needed immunizations. Requirements change between 4K and Kindergarten. Schools must report immunization compliance to the State of WI by the 40th day of school each year. There is a waiver form available for those who chose not to immunize or have medical reasons.

CRITERIA FOR KEEPING YOUR CHILD HOME FROM SCHOOL

1. Temperature over 100*. Please do not send the student back to school until the temperature is normal for 24 hours **without the use of a fever-reducing medication.**
2. Severe cold with headache, chills, fever and stuffy or runny nose
3. Vomiting in the past 24 hours
4. A red sore throat with white spots, lasting more than 12 hours
5. An undiagnosed rash
6. Red blood streaked eyes that are matted shut, itch, swollen and hurt.
7. Diarrhea in the past 24 hours
8. Live head lice – may come after treated

MEDICATIONS

- Any medication given to your child at school must be supplied in the original container and a school medication form needs to be signed by parent/guardian. If the medication is a prescription, the provider also needs to sign the form.
- At school, we may give our stock acetaminophen for fever of 101* and above if parent/guardian has given signed permission.

Please make me aware of any medical concerns you may have regarding your child. I look forward to partnering with you regarding any of your child's health needs in school.

Tara Tjerstad, BSN RN
tjerstadt@mel-min.k12.wi.us
(608) 488-2201 ext. 2128

Is your child starting Pre-K or Kindergarten this year (2023-2024)?

What immunizations will they need?

The Student Immunization Law Age/Grade Requirements for the State of Wisconsin are:

Age/Grade	Number of Doses				
Pre K (2 years through 4 years)	4 DTaP/DTP/DT	3 Polio	3 Hep B	1 MMR	1 Var
Kindergarten (through 6 th Grade)	4 DTaP/DTP/DT/Td	4 Polio	3 Hep B	2 MMR	2 Var

What are these vaccines and will they protect my child?

DTaP and DTP protect against Tetanus, Diphtheria, and Pertussis. DT and Td (Td is for children 7 years or older) **protect against Tetanus and Diphtheria.** Children entering Kindergarten must have received one dose of DTaP/DTP/DT after their 4th birthday (either the 3rd, 4th, or 5th dose) to be considered compliant. The vaccine protects 70-90% of children from Pertussis, 95% from diphtheria, and nearly 100% from tetanus.

Polio vaccine protects 99% of children against Polio disease. Children usually receive their primary Polio series as infants. For children entering Kindergarten four doses of Polio vaccine are required.

However, if your child received their 3rd dose of Polio after their 4th birthday, further doses are not required.

The three dose Hepatitis B vaccine series protects more than 95% of infants, children, and adolescents who receive the series from Hepatitis B illness. Children usually receive their Hepatitis B vaccine series as infants; however, if your child only received part of the series, he or she will need to complete the series before starting Kindergarten.

MMR vaccine protects against Measles, Mumps, and Rubella and is believed to produce life-long immunity in most people. It is a series of two immunizations. Children usually receive their first MMR vaccine on or after their first birthday. The

second MMR can be given any time after their fourth birthday; however, schools appreciate it being given before the child starts Kindergarten.

Varicella (Chickenpox) vaccine has been found to protect 70-90% of people who receive it. It is a series of two immunizations. Children usually receive their first Varicella vaccine on or after their first birthday. The second Varicella can be given any time after the 4th birthday; however, schools appreciate it being given before the child starts Kindergarten. A history of chickenpox disease (reported & documented by a physician) in the child is acceptable and would eliminate the need for vaccination.

Information on disease protection that vaccines

* Vaccinations are provided at Primary Care Providers (PCP) offices. Children who go in for their 4 year, 5 year, or Kindergarten well child exams usually receive the immunizations at that visit to prepare them for Kindergarten. If your child has an upcoming appointment, make sure to ask their PCP about any immunizations they might need.

* The La Crosse County Health Department also offers vaccines to children in preparation for Kindergarten. Families must meet eligibility requirements to be vaccinated at the La Crosse County Health Department. Please call 608-785-9723 to inquire about eligibility and appointments.



provide can be found at www.cdc.gov/vaccines.

A Service of:

La Crosse County Health Department



Public Health Nursing

300 4th Street North

2nd Floor

La Crosse, WI 54601

608-785-9723

Is your child starting
Pre-Kindergarten or
Kindergarten this year,
2023-2024?



What immunizations
will they need?