

August 28th, 2024

Dear Parents/Guardians,

The Black Hawk Elementary staff would like to welcome your child and you back to school. This packet contains some very important information for you to read and keep on hand for future reference. Several papers need to be **filled out and returned** to school **the next day your child comes to school**.

Please take notice of the **STUDENT REGISTRATION/EMERGENCY FORM** and take a few minutes to look it over and make sure **all** the information on it is **correct**. Please **correct, delete, or add any new information** on the form and return it to school the next day your child attends. We need the most up-to-date information so that you can be reached in case of an emergency.

If you have not taken the time to fill out the **Authorization to Pick up Child** form as of yet, **please take the time to do so now and return it to school**. We must know **who will be allowed to pick up your child** from school should the need arise. Please update this information whenever any changes are made.

The **Breakfast Note (for 4K through 5th)**, the **Early Release Form**, and the **Field Trip Permission Form** should also be completed and returned to school.

Milk Break will start on Wednesday, August 28th. You can pay by quarter, semester, or year. Please read over the **Milk Break Information** note and return it with payment the next day your child comes to school. **(If you have paid already, please check the amount you paid and indicate the date you paid it.)**

A **breakfast and lunch menu** for September is attached. **A NEW APPLICATION FOR FREE AND REDUCED LUNCHESES MUST BE FILLED OUT EACH YEAR.**

Please pay your **School Fees** and **Lunch Money** as soon as possible, if you still need to do so. You can pay for Fees, and Lunch Money, online with Revtrak.

Thank you, if you have any questions, please don't hesitate to call the Elementary office 439-5400, Ext 101.

www.blackhawk.k12.wi.us

Authorization to Pick Up Child 2024-2025

Completion of this form is to give the teacher/office permission to release your child/children to the names listed below.

List **All** individuals (at least 16 years of age) who are authorized to pick up your child/children.

Lists names of parents' first. A photo ID may be required and staff have the discretion not to release the child/children. Parents will be contacted at that time. Anyone authorized to pick up a child/children must come to the office and sign them out. ***Please contact the office with any updates or changes.**

STUDENT'S NAME: _____ **GRADE:** _____

1. **Name:** _____

Relationship: _____ **Phone Number:** _____

2. **Name:** _____

Relationship: _____ **Phone Number:** _____

3. **Name:** _____

Relationship: _____ **Phone Number:** _____

4. **Name:** _____

Relationship: _____ **Phone Number:** _____

5. **Name:** _____

Relationship: _____ **Phone Number:** _____

6. **Name:** _____

Relationship: _____ **Phone Number:** _____

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

BREAKFAST

2024-2025

In order to follow Parents' wishes, your student's teacher would like to know which children may eat breakfast at school.

Students will go directly to the cafeteria each day.

Breakfast is served until 8:10.

Name of Student:

_____ Yes, my child **will** participate every day, unless, you hear from me.

_____ Yes, my child **can** participate if student tells one of the teachers that he/she is hungry.

_____ No, my child will **NOT** participate in the breakfast program.

I understand that I may change this notice at any time during the school year. **(Please send a note to your child's teacher each time your child's participation in breakfast is going to change.)**

Parent Signature

Date

*****Teachers will try to make sure that every child who has signed up gets to go to breakfast.***

It is important for you, the parent, to communicate with your child whether or not they should attend breakfast. We often have those students who want to eat just because a friend does, or doesn't want to eat because they are going to miss free time before classes start.

**BLACK HAWK ELEMENTARY
Field School Trip Permission Form**

2024-2025

Dear Parents:

Throughout the year, our elementary students participate in field trips that may be in-district (on foot somewhere in town) or out-of-district. To help keep accurate records and to assist us in our future planning, we would like to obtain parent permission, which would cover all of our scheduled field trips.

Prior to each field trip you will be notified of the date and location, and may be asked to sign the notification in order to assure us of your knowledge of the trip.

Please complete the following information and return to Black Hawk Schools.

I, _____, authorize my child,
Parent Name

_____, to attend any scheduled field trips.
Student Name

Parent Signature

Date

**BLACK HAWK ELEMENTARY SCHOOL
Early Release Form
2024-2025**

Student's Name:

Parents,

Please take time to fill out this form so we know where your child should go on **scheduled** early releases and **emergency** early release days.

***Please let us know if there will be a change in the student's destination when there is an early release.**

In case of an early release, will there be a change in student's destination?

Yes _____

No _____

Student will go to: _____
Name

_____ Address Phone

How student get there:

_____ same bus

_____ bus changes to: _____
Name of driver

_____ walk

_____ will be picked up by: _____
Name

We will follow your instructions listed above.

***If circumstances change, we must be notified by you of the change in procedure.**

Warrior Pack Program

2024-2025 School Year

Dear Black Hawk Family,

I hope this letter finds you in good spirits. As part of our ongoing commitment to supporting our community, we are pleased to announce that the Warrior Pack Program will continue this school year. Warrior Pack will be providing free meals to families in need. This service aims to ensure that everyone has access to nutritious and delicious meals without financial strain.

Here's how you can benefit from this program:

1. **Meal Package Details:** These packs will include easy-to-prepare meals and snacks for the weekend
2. **Delivery:** A bag of non-perishable food will be placed in your child's backpack or locker discreetly with the help of a school staff member at the end of the school day.
3. **Sign-Up Process:** To receive free meals, fill out the attached form and
 - a. Return the form to the school office
 - b. Mail the form to

Black Hawk Schools, attn: Warrior Pack Program
202 East Center St.
South Wayne, WI 53587

4. If you have any questions, you may contact Tiffany Signer by email at sigtif@blackhawk.k12.wi.us or Melissa Pickett at picmel@blackhawk.k12.wi.us.
5. **Confidentiality:** Your participation in this program will be kept confidential. We aim to support you and your family without any added stress or stigma.

Please do not hesitate to reach out if you have any questions or need assistance with the sign-up process. We are here to help and ensure that you and your loved ones have access to the resources you need.

Thank you for being a valued member of our community. We hope that this program brings comfort and support to your family during this time.

Sincerely,

Warrior Pack Program

Warrior Pack Program

Please mark one line below:

_____ I want my child to participate in the Warrior Pack Program

_____ I do not want my child to participate in the Warrior Pack Program

Parent/Guardian

Date

All information provided is confidential

Parent/Guardian First Name	Middle Initial	Last Name
Do you currently use Green Cares Food Pantry? (Circle One) YES NO	Do you currently use Black Hawk Food Pantry? (Circle One) YES NO	If not, why?

List Black Hawk Students

Last Name	First Name	Grade	Teacher	Food Allergies

Signed: _____ Date: _____

Email: _____ Phone: _____



To Families with students attending Black Hawk School

Parent in Military is a new data element and is needed for federal reporting of assessment data. Please include the name of parent/guardian and service start date which this applies to.

Parent Name _____

Service Dates _____

Please notify the school of one of the following:

- Is either parent or guardian on active duty in the military?

Yes or No

- Is either parent or guardian a traditional member of the Guard or Reserve?

Yes or No

- Is either parent or guardian a member of the Active Guard/Reserve (ARG) under Title 10 or full time national Guard under Title 32?

Yes or No

Student(s) Name: _____

Breakfast Menu

Milk Choice 1% White, Fat Free Chocolate or Strawberry
 Whole Wheat Peanut Butter & Jelly Served Daily
 WG-Whole Grain

“This institution is an equal opportunity provider”

Monday	Tuesday	Wednesday	Thursday	Friday
2 No School (Labor Day)	3 Cereal Yogurt Juice Milk	4 Breakfast Pizza Applesauce Milk	5 Pancake Wrap Fruit Cocktail Milk 	6 Waffles Granola Bites Apple Milk
9 Cereal Bar Cheezits Apple Milk 	10 Berry French Toast Applesauce Milk	11 Mini Maple Pancakes Mixed Fruit Milk	12 Cinnamon French Toast Peaches Milk	13 Sausage Patty Egg Round English Muffin Granola Bar Apple Milk
16 Muffin Granola Bites Apple Milk	17 French Toast Sticks Granola Bites Pears Milk	18 Blueberry Waffle Peaches Milk	19 Pancakes Pears Milk 	20 Chocolate Chip French Toast Mixed Fruit Milk
23 Pop Tarts Granola Bites Apple Milk	24 Sausage Breakfast Bagel Peaches Milk 	25 Strawberry Bagel Mixed Fruit Milk	26 Cinnamon Waffles Pears Milk	27 Donut Juice Milk
30 Banana Bread Cheese Stick Orange Pears Milk				

Lunch Menu

Milk Choice 1% White, Fat Free Chocolate or Strawberry
 Whole Wheat Peanut Butter & Jelly Served Daily
 WG-Whole Grain

“This institution is an equal opportunity provider”

Monday	Tuesday	Wednesday	Thursday	Friday
2 No School (Labor Day) 	3 Chicken Strips Granola Bites Green Beans Juice Milk	4 Hamburger/Bun French Fries Cheese Slice Applesauce Milk	5 Pulled Pork/Bun Baked Cheetos Broccoli Peaches Mik	6 Hot Dog/Bun Baked Beans Mixed Fruit Milk
9 Mini Corn Dogs WG Doritos Green Beans Juice Milk	10 Pizza Dippers/Sauce Broccoli Cheezits Peaches Milk 	11 Mac & Cheese Cheese Stick Carrots Apple Milk	12 Salisbury Steak Mashed Potatoes Gravy Dinner Roll Mixed Fruit Milk	13 Sloppy Joe/Bun Cheese Stick Cauliflower Pears Milk
16 Breaded Pork Patty/Bun Green Beans Juice Milk	17 Tacos Baked Scoops Broccoli Apple Milk	18 Hamburger/Bun Sweet Potatoes Cheese Slice Pears Milk	19 Ham Scalloped Potatoes WG Breadstick Yogurt Applesauce Granola Bites Milk	20 Fish Sticks Granola Bites Cauliflower Orange Milk 
23 Chicken Patty/Bun Pretzel Goldfish Cauliflower Pears Milk	24 Pizza Cheezits Green Beans Mandarin Oranges	25 Quesadilla Broccoli Slushie Milk	26 Chicken Fajitas Cheetos Yogurt Peas Applesauce Milk	27 Ham Sandwich Cheeto Puffs Carrot Sticks Diced Pears Milk
30 Corn Dog Baked Scoops Green Beans Orange Milk 				



Black Hawk School District

Device Handbook Policy

2024-2025

***Beginning in the 2022-2023 school year, the following School Issued Device Policy Handbook Sign-Off and Student Contract will go into effect. Parents and students will be asked to sign this document prior to device distribution.

Black Hawk School District school-issued device Policy Handbook Sign-Off and Student Contract

- I will never leave my school-issued device unattended in an unsecured or unsupervised location.
- I will never loan out my school-issued device to other individuals.
- I will know where my school-issued device is at all times.
- I will charge my school-issued device battery to full capacity each night and bring it to school daily.
- I will keep food and beverages away from my school-issued device since they may cause damage to the device.
- I will not disassemble any part of my school-issued device or attempt any repairs.
- I will protect my school-issued device by always carrying it securely to avoid damage.
- I will use my school-issued device in ways that are appropriate for education.
- I will not place decorations (stickers, markers, writing, etc.) on the school-issued device.
- I understand that the school-issued device is subject to inspection at any time without notice and remains the property of the Black Hawk School District.
- I have read and will follow the policies outlined in the school-issued device Policy Handbook and the District Acceptable Use Policy while at school as well as outside the school day.
- I will be responsible for all damage or loss caused by neglect or abuse.
- I agree to pay the full replacement cost of my school-issued device and accessories if any of these items are lost or damaged.
- I agree to return the school-issued device and accessories in good working condition at the end of each school year.

Student Name: _____ (Please Print)

Student Signature: _____ Date _____

Parent Signature: _____ Date: _____