

# Black Hawk School District Enrollment/Emergency Information Form

Student's Full Legal Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

\_\_\_\_\_  
 First Middle Last  
 SSN \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus Rider: Yes No

Address \_\_\_\_\_

Birthplace \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

City County State Country  
 Primary Language \_\_\_\_\_ Other Languages Spoken in the home \_\_\_\_\_

Please Circle One: White Hispanic Black American/Alaskan Indian Asian Other \_\_\_\_\_

Household #1		<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only	<input type="checkbox"/> Joint Custody		
		<input type="checkbox"/> Parent/Stepparent	<input type="checkbox"/> Foster Home	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
Father _____	Stepfather _____	Guardian _____					
Name _____		Second Phone #: _____					
E-mail Address _____		Employer _____		Please Circle:	Cell	Pager	Other
		Work Phone #: _____		Hours of Work: _____			
Mother _____	Stepmother _____	Guardian _____					
Name _____		Second Phone #: _____					
E-mail Address _____		Employer _____		Please Circle:	Cell	Pager	Other
		Work Phone #: _____		Hours of Work: _____			

Household #2		<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only	<input type="checkbox"/> Joint Custody		
		<input type="checkbox"/> Parent/Stepparent	<input type="checkbox"/> Foster Home	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
Father _____	Stepfather _____	Guardian _____					
Name _____		Second Phone #: _____					
E-mail Address _____		Employer _____		Please Circle:	Cell	Pager	Other
		Work Phone #: _____		Hours of Work: _____			
Mother _____	Stepmother _____	Guardian _____					
Name _____		Second Phone #: _____					
E-mail Address _____		Employer _____		Please Circle:	Cell	Pager	Other
		Work Phone #: _____		Hours of Work: _____			
Home Phone _____		Receives Report Card: Yes No		Receives Forms: Yes No			

**Siblings:**

Name _____	Birthdate _____	Grade _____
Name _____	Birthdate _____	Grade _____
Name _____	Birthdate _____	Grade _____
Name _____	Birthdate _____	Grade _____

Please list emergency contacts in the case you cannot be reached: please remember that these are the individuals who may pick up your child from school if your child can no longer remain in school. These are the only individuals that the school may legally release your children to other than parents.

Name _____	Phone _____	City _____	Relationship _____
Name _____	Phone _____	City _____	Relationship _____
Name _____	Phone _____	City _____	Relationship _____
Name _____	Phone _____	City _____	Relationship _____

**BLACK HAWK SCHOOL DISTRICT**

202 E Center Street  
South Wayne, WI 53587  
(608)439-5371

**STUDENT RECORDS RELEASE FORM**

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parents' Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Transferring from School A:**

\_\_\_\_\_  
Name of School/District  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Cod

**Transferring to School B:**

**BLACK HAWK SCHOOL DISTRICT**  
202 E. Center St.  
South Wayne, WI 53587

**Was the student enrolled in a special education program?** Yes \_\_\_\_\_ No \_\_\_\_\_

I, the undersigned parent/guardian, give permission to the officials of School A to release and send progress reports, transcripts, test results, health records, psychological, and other pertinent reports regarding my child to School B.

I understand that this consent may be revoked by me at any time, except to the extent that action has already been taken in reliance thereon. This consent expires one (1) year from this date unless expressly revoked earlier. I hereby release you, as custodian of such records from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request for release of information or any attempt to comply with it.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Student (if 18 or older) Date



# 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:** \_\_\_\_\_