

McKinley Elementary School

Registration Information

We would like to welcome you to McKinley Elementary School. McKinley has an outstanding community of faculty, staff, students and parents. Please feel free to contact the school office if you would like to schedule a time to tour the building and/or visit the classrooms.

Any questions you may have can be addressed to the school office either by phone or email.

McKinley Elementary School: (414)773-1500

Principal: Mr. Mark Carter carterma@wauwatosa.k12.wi.us

Administrative Assistant: Mrs. Lisa Winters winterli@wauwatosa.k12.wi.us

Kindergarten registration for the next school year is in February. Please complete the necessary forms (see list below) and submit them to Mrs. Winters in the school office. For enrollment in other grade levels and/or at times other than February, forms must be submitted to the Student Services Department, (414)773-1080, at the Wauwatosa School District administrative offices: 12121 W North Avenue, Wauwatosa, WI 53226

The following documents and completed forms are required at the time of registration:

- Documents
 - Birth Certificate
 - Proof of Residency – (2) forms required (example: utility bill, lease/mortgage agreement, tax statement, etc. NOT acceptable are driver's license, banking, cell phone, etc.)
 - Immunization Records (record from pediatrician or completed form found in enrollment packet.
- Enrollment Packet Forms Required for All Students
 - Questionnaire
 - Enrollment Form (2 pages)
 - Health Concerns
 - Immunization Record (unless providing record from pediatrician)
- Enrollment Packet Forms as Needed
 - Special Education Screening
 - Home Language Survey & ELL Enrollment/Referral Application
 - Kindergarten Eye Health Examination (recommended)

Kindergarten Registration
Frequently Asked Questions

My child already attends Junior Kindergarten (JK) at McKinley, do I need to register again for Senior Kindergarten (SK)? NO! Current students DO NOT need to re-register.

Am I guaranteed my preference of a morning/afternoon session for JK? No. While we will do our best to accommodate everyone's preferences, we are not able to guarantee placement.

When will I know what session my child is placed in? Session placement is made as soon as possible. Every attempt is made to notify parents of placement on or before June 1st.

Am I able to request a specific teacher? Requests for a specific teacher are not allowed.

When will I know which teacher my child will have? Specific classroom placements are posted in August. You will be notified by mail when the school will be posting the class lists.

I would like my child to attend a school other than our neighborhood school. Is that possible? The Wauwatosa School District allows Inter District Transfer Requests at the elementary level. You must register at your neighborhood school and complete an Inter District Transfer Form. You will be notified of the approval or denial of your request via mail.

What supplies will my child need for school? A supply list is included with the registration papers. Another option is to purchase a *School Kidz* supply kit. The order forms are available at registration, and must be turned in to the office by the due date indicated on the form. The vendor does not accept late orders.

Is child care available at McKinley? There is limited child care available on site beginning at 3:15 p.m (2:15 on Wedsnedays). Additionally, there are child care centers that transport students to and from school. Phone numbers for child care centers that are currently servicing McKinley can be found in the registration pack.

What are the school hours?

DAILY SCHEDULE

8:08 Supervision
8:18 1st Bell
8:23 Classes Begin
10:53 *AM JK Dismissed*

LUNCH/RECESS TIMES
11:25-12:10 SK, Gr. 2 & 3
11:55-12:40 Gr. 1, 4 & 5

12:28 *PM JK Begins*
3:15 Dismissal Bell
2:15 *Dismissal on Weds*

Teacher Information Sheet

Grade Level Registering For: _____

Junior Kindergarten Preference: AM (8:18-10:53) PM (12:28-3:15)

Every effort will be made to accommodate your preference. Families will be notified of their child's session placement no later than June.

Senior Kindergarten is a full-day program.

Child's First Name: _____ Middle Name: _____ Last Name: _____

Name used at school (nickname): _____

Mother's Name: _____ Father's Name: _____

Child Lives With: Both Parents Joint Custody Mother Father

Guardian _____
(Guardian Name) (Relationship to Child)

Previous School Experience:

Grade Level: _____ Name of School: _____

Please list any allergies or health/medical concerns that your child has _____

Any other information you would like us to know:

The following factors are considered when creating classlists:

- Learning strengths and needs of the students
- Social and emotional considerations
- Ethnicity and gender

We encourage you to share any comments you feel would be helpful to us as we work to develop the appropriate placement for your child. Requests for specific teachers are not considered. Information regarding class placement, and the start of the school year, will be mailed to each home in August.



Enrollment Form (Please complete both front and back) *Shaded Areas For Office Use Only*

School	Student #:	<input type="checkbox"/> Wauwatosa Resident <input type="checkbox"/> Open Enrollment	<input type="checkbox"/> Inradistrict	<input type="checkbox"/> Chapter 220 Transfer	<input type="checkbox"/> Tuition
Wauwatosa Placement (Grade):		For SK: <input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day		Homeroom #	Instructor
Student Name: Legal Last		Legal First		Middle Initial	
Street Address:					
City:			Zip Code:	Home Phone:	
Where is the student currently living? <input type="checkbox"/> In permanent housing? (rent/lease/own) <input type="checkbox"/> Temporary (Check one of the boxes below please) {Please go to Ethnicity Section}					
<input type="checkbox"/> With another family or other person because of loss of housing or as a result of economic hardship (doubled-up) <input type="checkbox"/> In a shelter <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Car, park, bus, train, or campsite <input type="checkbox"/> Other temporary living situation (explain):					
Ethnicity: Part A: Is this student Hispanic/Latino? (Choose only one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino Part B: Is this student: (Choose one or more. You must select at least one) <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					
<input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: / /	Calendar Age	Student Lives With (check all that apply): <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other		
Parent 1/Head of Household				Relationship:	
Last:		First:		Home Phone Number:	
Address/City/Zip				Cell Phone Number:	
Employer Name:		Occupation:		Work Phone Number:	
E-mail address:					
Parent 2				Relationship:	
Last:		First:		Home Phone Number:	
Address/City/Zip				Cell Phone Number:	
Employer Name:		Occupation:		Work Phone Number:	
E-mail address:				Extra Mailing Request Yes No	
Contact 3				Relationship:	
Last:		First:		Home Phone Number:	
Address/City/Zip				Cell Phone Number:	
Employer Name:		Occupation:		Work Phone Number:	
E-mail address:				Extra Mailing Request Yes No	

Emergency Contacts (Other Than Parents):		Relationship to Child:	
1.			Telephone Number:
2.			Telephone Number:
Do you suspect your child may have a disability? <input type="checkbox"/> Yes (If Yes, please complete the Special Education Screening form and attach) <input type="checkbox"/> No			
Primary Language Spoken at Home:		(If other than English, complete the Home Language Survey and attach to this form)	
Former Place of Residence (if transferring from another school):			Last Grade Attended:
Last School Attended:	Address	City/State	Zip Code

Health information will be shared with necessary school staff. In the event of an emergency, school staff have permission to seek emergency care for my child: Yes No

Parent Signature

Date

Pediatrician/Family Physician:

Telephone:

Health Concerns/Allergies (Attach other sheets as needed)

FOR WAUWATOSA RESIDENTS ONLY: SIBLINGS NOT ATTENDING A WAUWATOSA PUBLIC SCHOOL		
NAME	DATE OF BIRTH	M/F
Elementary School Number	Middle School Number [0140] - Longfellow [0290] - Whitman	High School Number [0020] - East [0280] - West
Entrance Date: ____/____/____ <input type="checkbox"/> Birth Certificate (Verify Information) <input type="checkbox"/> Proof of Residency (Copies made) School Records: <input type="checkbox"/> Requested <input type="checkbox"/> Received Immunized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Record Cards: <input type="checkbox"/> White Office <input type="checkbox"/> Registration <input type="checkbox"/> Cumulative Folder <input type="checkbox"/> Census	Use Codes Below To Indicate: Previous School - Transferred From - T = Public P = Private U = Unknown W = Other Wauwatosa O = Other

INDICATION OF HEALTH CONCERNS

Dear Parent or Guardian:

We ask that you complete this form and submit it at the time of registration. Questions may be directed to the school office, (414)773-1500 or the School District Nurse at (414)773-1080.

Student Name: _____ DOB: _____ Grade: _____

Mother's Name: _____

Home Phone: _____ Work Phone: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____

1. The above student is at risk for severe allergic reaction to:

- | | | |
|--------------------------------------------------|--------------------------------------------------------|--|
| <input type="checkbox"/> Bee/Wasp/Insect stings | <input type="checkbox"/> Medication _____
(Specify) | |
| <input type="checkbox"/> Food _____
(Specify) | <input type="checkbox"/> Other _____
(Specify) | |

2. The student has the following medical/health condition:

3. The student requires the following medication be administered during the school day:

Name of Medication: _____

Reason for medication: _____

Dear Junior Kindergarten Families

In preparation for kindergarten registration, we would like to provide you with some information on WI. immunization requirements. It is **IMPERATIVE** that you provide your child's immunization record during registration. A blank copy of the immunization record is attached to this letter so that you can fill it out and give it to school. If you do not have up- to-date records at home you can contact your physician or you may also check to see if your child's immunization record is on the WI. Immunization Registry at: www.dhfs.wisconsin.gov

Keep the school office updated when new doses of vaccine have been administered to your child.

Wisconsin Immunization Law requires that all students entering Junior Kindergarten (age 4) in the fall of 2012, receive:

- 1 (one) dose of MMR (measles, mumps, and rubella) vaccination. ***The first dose must have been given no more than 4 days prior to their first birthday.***
- One dose of Varicella or Chicken Pox vaccine. If they have had the disease, Chicken Pox, please provide the date on which they had the disease.
- 4 doses of DPT (diphtheria, tetanus, pertussis). ***They must have received one dose after their 4th birthday!***
- 3 doses of polio vaccine.
- 3 doses of Hepatitis B vaccine.

As you prepare your child for **Senior** Kindergarten (age 5), please remember that they will need:

- an additional MMR (2nd dose)
- an additional dose of polio (4th dose)
- 2nd Varicella. If your child has already had chicken pox please provide the date on which your child had the disease.

Below is a copy of the age/grade requirements for each immunization

Age/Grade	Number of doses
Pre K (2 years through 4 years)	4 DTP/DTaP/DT 3 Polio 1 MMR 3 Hep B 1 Var
K(age 5) through 12 th grade	4 DTP/DTaP/DT 4 Polio 2 MMR 3 Hep B 2 Var

Wisconsin does allow parents to sign a personal conviction waiver, religious or health waiver, exempting their child from receiving certain vaccines. However, I would highly recommend consulting with your health care provider or the Wauwatosa Health Department about a date and time for your child to receive these vaccines. The Health Department is located at 7725 W. North Ave. or you may call them at 479-8939.

Thank You,



Sally Roepe RN, BSN, NCSN
Wauwatosa School District Nurse



Principal
Elementary School



Special Education Screening

Student Name Last	First	Middle Initial
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Wauwatosa School	Date of Enrollment: (for Office use)
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Children with disabilities are entitled to a free appropriate public education under state and federal law and school district policy. In order to identify children entering the school district who may have a disability and require special education and related services, please complete the following questions. Return this form to the school office with the general school enrollment form.

I suspect my child may have a disability in the following area(s):

- | | |
|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Autism/Autism Spectrum Disorder | <input type="checkbox"/> Cognitive Disabilities |
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Speech / Language |
| <input type="checkbox"/> Emotional Behavioral Disabilities | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Other Health Impairment | |

If you reported that your child may have a disability but has not yet been evaluated, a school staff member will contact you to discuss your child's educational needs.

My child was evaluated in the _____ School District, and received one or more of the following services:

- | | |
|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Autism/Autism Spectrum Disorder | <input type="checkbox"/> Cognitive Disabilities |
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Speech / Language |
| <input type="checkbox"/> Emotional Behavioral Disabilities | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Other Health Impairment | |

If known, date services began _____.

Please provide a copy of the current Individualized Education Plan (IEP) and Evaluation if you have one.

If you provided a copy of your child's IEP the child will be placed appropriately. If you do not have a copy your child will be monitored until the district has an opportunity to review the student's records when they are received from the previous district.

The Wauwatosa School District is committed to providing students with disabilities a free, appropriate public education. Special education and related services for students with disabilities are provided in each school in accordance with state and federal law. Collection of this information is part of the school district's child find efforts required by federal and state law.

Parent Signature _____	Date _____
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School administrative assistant: please forward this form to your principal and SAT if the child may have a disability. Forward this form to Student Services if child was evaluated and receiving services in his/her previous school.



Wauwatosa School District

- Office
- Copy in Student file
- Copy to ELL teacher

Home Language Survey & ELL Enrollment/Referral Application

A. To be completed by Parent (please print)			Date / /	
Student Legal Name Last		First		Middle Initial
Birthplace	Date of Birth	Date Entered USA (If applicable)		
Parent/Guardian Name(s)				
Address			Zip Code	
Home Phone		Work Phone		
District Enrollment Date	School		Grade	
Previous School if applicable	Location		Grade	
First Year in US School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered US Schools	City/State		
Native Language: What is the language or dialect first learned by child or first used by parent/guardian with child?				
Home Language: What language(s) is/are spoken in the home on a daily basis?				
What language(s) does the student speak most often				
a. with parents?				
b. with siblings?				
c. with friends?				
How long has your child had English Language Learner (ELL) services, if any? (please check one)				
<input type="checkbox"/> None	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 4-6 years	<input type="checkbox"/> 6+ years	
Please list student's siblings' names and ages:				
Parent/Guardian's signature				Date
B. To be completed by ELL Teacher/Coordinator				
Woodcock-Munoz ELL Score		English Proficiency Level per DPI		
Date ELL services began				
ELL Teacher 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 _____

Before and After School

The playground is supervised 8:08-8:18 a.m. each morning. Students are not to arrive to school prior to 8:08 a.m. After school, It is expected that all students will be met by a parent/guardian or authorized caregiver. There is no playground supervision after school.

Junior Kindergarten families will be notified of their child's session placement (morning or afternoon) as soon as possible. Letters are usually sent out in early June. In early August parents will receive a mailing containing start of school information. Should you have any questions please do not hesitate to contact the school office.

McKinley Elementary School - 414-773-1500

Principal: Mr. Mark Carter carterma@wauwatosa.k12.wi.us

Administrative Asst: Mrs. Lisa Winters winterli@wauwatosa.k12.wi.us

Child Care Information

McKinley Elementary School is not affiliated with any child care centers. We are however aware that the following centers are currently providing service that includes McKinley students.

- 1) Wauwatosa Day Care 479-3050
provides on-site after school care (3:15-6:00 p.m.) for a limited number of students (fills VERY quickly – recommend contacting ASAP). Also has space at Christ King before and after school. They will transport between Christ King and McKinley.

- 2) Bright Horizons 771-2034
provides van transportation between school and child care facility

- 3) Grandma's House 475-9381
provides van transportation between school and child care facility