

## Middleton-Cross Plains Area School District--Student Enrollment Form

### SIGNATURE REQUIRED

I agree that the information provided herein is complete and accurate. I understand that this information is being used by the school district for the purposes of enrolling my child. I understand that incomplete, inaccurate, or intentionally misleading information may delay, prevent, or invalidate my child's enrollment in school. I agree to promptly inform the school district of any changes in this information, including any changes in the residency of my child.

\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN**

\_\_\_\_\_  
**DATE SIGNED**

### Student & Enrollment Information

### Student Number:

**Student:**

**Nick name:**

**School:**19-20 Kromrey Middle School

**Grade:**

**Student Contact:** Cell:

Personal Email:

### Accident Insurance Waiver

The Middleton-Cross Plains Area School District does **NOT** provide accident insurance coverage for student injuries incurred at school or from participation in school affiliated activities (ie: athletics or clubs). The school district recommends that you review your current health and accident insurance to determine if coverage is adequate for your student. If you do not have insurance coverage, or you wish to supplement the insurance coverage you currently have for your student, the school district offers a voluntary (parent/guardian paid) student accident insurance plan. For more information regarding the voluntary student accident insurance plan, or to obtain an application form, please go to the link: [www.1stagency.com/voluntaryaccidentcoverage.htm](http://www.1stagency.com/voluntaryaccidentcoverage.htm) and then follow directions by choosing STATE (Wisconsin) and SCHOOL DISTRICT (Middleton-Cross Plains Area School District). **Please initial the waiver statement below if you are NOT interested in the voluntary student accident insurance plan for your student.**

**\*Initials: \_\_\_\_\_ /we have adequate insurance coverage for our student in the event of an accident or injury that would occur while our student is at school or from participation in school affiliated activities.**

### Guardian Contact Information for District Communication

Please enter or correct your contact information for District Communication. We recommend an email from non private Internet Service Provider (ISP) such as Hotmail, Gmail, Yahoo. Phone and Email information can also be updated through the Campus Portal. **The district is piloting using text messages for certain communications. Please indicate if you would like to receive text messages. Not all messages will be sent by text, so please make sure you still have a phone and email address set up to receive messages.**

Cell: Work: Email: Secondary Email:

Text Messages? Y N Work: Email: Secondary Email:

Cell: Work: Email: Secondary Email:

Text Messages? Y N

### Address Information

Home Phone:

If you made an update to the address information above, it will not be effective until receipt of Proof of Residency. Please contact the Registrar's office at 829-9031 with questions.

For questions or issues with Campus Portal, please contact 608-829-9600 or [portal@mcpasd.k12.wi.us](mailto:portal@mcpasd.k12.wi.us).  
<https://campus.mcpasd.k12.wi.us/campus/portal/mcpasd.jsp>

**Military Connections**

Is either parent/guardian on active duty in the military? \_\_\_ Yes \_\_\_ No Who? \_\_\_\_\_  
Is either parent/guardian a traditional member of the Guard or Reserve? \_\_\_ Yes \_\_\_ No Who? \_\_\_\_\_  
Is either parent/guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? \_\_\_ Yes \_\_\_ No Who? \_\_\_\_\_

**Privacy (Correct as Necessary)**

\*Student directories are published and distributed to families to communicate between students, parents, and staff. Any other use is prohibited.

\*\*\*Directory data means those student records which include the student's name, address, telephone listing, photograph, date of birth, participation in officially recognized activities and sports, weight and height of members of athletic teams, year in school, dates of attendance, degrees and rewards received, and the name of the school most recently previously attended by the student. **Directory data is considered public information and may be released to persons and the media unless otherwise notified in writing by Parent/Legal Guardian within fourteen (14) days of registration.** Objections to the release of records should be filed with the school principal.

\*\*\*The Family Education Rights and Privacy Act (FERPA), a Federal Law, requires school districts to comply with requests of military recruiters or institutions of higher education for secondary student's names, addresses, and telephone numbers. **Publishable unless unless notified in writing by Parent/Legal Guardian within fourteen (14) days of registration.**

\*May student and household information be published in student directory? **Y**  
May student's picture and name be published on the district website/social media? **Y**  
May student be published in the School Yearbook? **Y**  
May the student appear in District Media Productions (videos, etc.)? **Y**  
\*\*May student Directory Data be released for outside requests? **Y**

**Health History/Update: Information must be updated annually to ensure our records are current.**

**Student Number:** \_\_\_\_\_ **Student Name:** \_\_\_\_\_  
Food Allergies: \_\_\_\_\_ Other Allergies: \_\_\_\_\_  
Epinephrine at School: \_\_\_ Yes, in the health office \_\_\_ Yes, high school student self-carry\*  
Asthma: \_\_\_ inhaler in health office \_\_\_ student self-carry inhaler\*  
Diabetes \_\_\_ Type 1 \_\_\_ Type 2 Glucagon at school: \_\_\_ Yes \_\_\_ No  
Seizures: Type \_\_\_\_\_ Emergency Medication at school: \_\_\_ Yes \_\_\_ No  
Medication taken at home that school should be aware of: \_\_\_\_\_  
Daily medication taken at school: \_\_\_ Daily medication taken in the health office\*\*  
\_\_\_ high school student self-carry\*  
*\*Must have physician written order stating may self-carry and self treat*  
*\*\*Requires physician written order*

Please mark (x) if your child has any of the following:  
\_\_\_ Heart Condition \_\_\_ Hearing loss \_\_\_ Vision loss, not corrected by glasses \_\_\_ Emotional health concerns \_\_\_ Other  
Please explain any checked conditions above:  
\_\_\_\_\_  
Immunization: Tdap \_\_\_\_\_ (Date) Other recent immunizations received: \_\_\_\_\_ (Type) \_\_\_\_\_ (Date)

**The parent/guardian signature below allows the school district to share student health information with school staff members, bus drivers, and coaches/advisors that may come in contact with student.**

**SIGNATURE OF PARENT/LEGAL GUARDIAN**

**DATE SIGNED**