

STUDENT ENROLLMENT FORM

Registrar's Office Information – To be filled out by school official only

Student ID#-	Proof of Residency-			Proof of Age-		Staff Initials-
	Utility	Lease	Home Purchase	Birth Certificate	Passport	

STUDENT INFORMATION – To be filled out by parent or legal guardian:

Last Name (<i>legal</i>)		First Name (<i>legal</i>)		Middle Name (<i>legal</i>)		Suffix
Birth Date	Gender	Age	Nickname		Student Cell Phone (<i>if applicable</i>)	
Birth City		Birth County		Birth State		Birth Country (<i>if outside of US</i>)

STUDENT ENROLLMENT INFORMATION

Start Date	School Name		Grade	School Year
Last School Attended (<i>name of school, city, state, zip</i>)			First Date in US Schools (<i>if attended school in another country</i>)	

PRIMARY GUARDIAN HOUSEHOLD INFORMATION

Household Address		Apt	City		State	ZIP
Household Phone		Tax/Municipality (<i>if known</i>)		District Boundary Schools (<i>if known</i>)		
Temporary/Interim Address (<i>if applicable</i>)		City		State, Zip		End Date
Adult Guardian Last Name		Adult Guardian First Name		Middle Name	Relationship	
Work Phone		Cell Phone		Email Address		
*Adult Last Name		Adult First Name		Middle Name	Relationship	
Work Phone		Cell Phone		Email Address		*If not legal guardian, to be used as Emergency Contact? YES <input type="radio"/> NO <input type="radio"/>
Sibling Last Name	Sibling First Name	Sibling Middle Name	Birth Date	Grade	Gender	
Sibling Last Name	Sibling First Name	Sibling Middle Name	Birth Date	Grade	Gender	
Sibling Last Name	Sibling First Name	Sibling Middle Name	Birth Date	Grade	Gender	

SECONDARY GUARDIAN HOUSEHOLD INFORMATION (If Applicable, only fill out if other guardian lives outside of the Primary Home)

Household Address		Apt	City		State	ZIP
Household Phone		Household Email Address				
Adult Guardian Last Name		Adult Guardian First Name		Middle Name	Relationship	
Work Phone		Cell Phone		Email Address		
*Adult Last Name		Adult First Name		Middle Name	Relationship	
Work Phone		Cell Phone		Email Address		*If not legal guardian, to be used as Emergency Contact? <input type="radio"/> YES or <input type="radio"/> NO

STUDENT ENROLLMENT FORM

ADDITIONAL CONTACTS					
Local Contact Last Name	Local Contact First Name	Home Phone	Work Phone	Cell Phone	Relationship
Local Contact Last Name	Local Contact First Name	Home Phone	Work Phone	Cell Phone	Relationship
Doctor's Last Name	Doctor's First Name	Clinic	Clinic Phone	Hospital	
MILITARY CONNECTIONS					
			YES	NO	COMMENTS
1.	Is either parent or guardian on active duty in the military? WHO: _____				
2.	Is either parent or guardian a traditional member of the Guard or Reserve? WHO: _____				
3.	Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? WHO: _____				
SPECIAL NEEDS					
			YES	NO	COMMENTS
1.	Does the student currently receive "special education" services?				
2.	Has the student been evaluated for "special education" services?				
3.	Does the student currently receive "504 accommodations"?				
4.	Does the student current receive any other special services?				
HEALTH CONCERNS					
			YES	NO	COMMENTS/EXPLANATION
1.	Does the student have vision difficulty? (If yes, explain.)				
2.	Does the student have hearing difficulty? (If yes, explain.)				
3.	Does the student have asthma? (If yes, explain.)				
4.	Does the student have an inhaler at school? (If yes, explain.)				
5.	Does the student self-carry an inhaler?				
6.	Does the student have allergies? (If yes, explain.)				
7.	Is an epi-pen prescribed?				
8.	Does the student have diabetes, type 1?				
9.	Does the student have diabetes, type 2?				
10.	Has the student ever had a seizure? (If yes, explain.)				
11.	Is there medication to be required at school? (If yes, explain.)				
12.	Are there other health concerns the school should be aware of? (If yes, explain.)				
PRIVACY/TECHNOLOGY					
			YES	NO	
1.	May student and household information be published in the student directory? (See explanation under DISCLOSURE on p. 3.) This release includes school Year Book				
2.	May the student's name and other directory data be released in accordance with School Board policy 347 (A) 4? (See explanation under DISCLOSURE on p 3.)				
3.	May the student appear on the District Educational Channel and any Middleton Cross Plains School District produced media (ex. video, web, classroom video, etc.)? This release includes school Year Book				
4.	May the student's photo and/or name (when appropriate) be published on the District-sponsored Web Page?				
5.	May the student's information be shared with Military Recruiters/Higher Education? (<u>Grades 9-12 only</u> . See explanation under DISCLOSURE on p. 3.)				
6.	May the student receive e-mails announcing local, part-time job openings? (<u>Grades 9-12 only</u> .)				

MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT
REGISTRATION OFFICE – 7106 SOUTH AVENUE, MIDDLETON, WI 53562 PHONE 608.829.9031 FAX 608.836.1536
STUDENT ENROLLMENT FORM

RACE AND ETHNICITY DATA

The school district is required by state & federal law to ask the following two questions concerning race and ethnicity. Please answer the following questions.

❖❖ Is this student Hispanic or Latino? **(you must select at least one)**

Yes, Hispanic or Latino No, neither Hispanic nor Latino

❖❖ Select **one or more** of the following categories that apply to this person **(you must select at least one):**

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Asian Black or African American White

STUDENT 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, (i.e.: 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 following link: 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.

_____/we have adequate insurance coverage for our student in the event of an accident or injury that would occur while our student is at
(Parent/Guardian initials)
 School or from participation in school affiliated activities.

DISCLOSURE

Student Directory: (#1 under Privacy/Technology Questions) Student directories are published and distributed to families to facilitate communication between students, parents and staff. Any other use is prohibited. This information is publishable unless notified in writing by the Parent/Legal Guardian within fourteen (14) days of registration.

Student Directory Data: (#2 under Privacy/Technology Questions) "Directory data" means those student records that 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 awards received, and the name of the school most recently previously attended by the student. This release includes the student's school yearbook.

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 (Wis. Stats. 118.125). Objections to the release of records should be filed with the building principal.

Requests from Military Recruiters/Higher Education: (#6 under Privacy/Technology Questions) 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 students' names, addresses and telephone numbers. This information is publishable unless notified in writing by the Parent/Legal Guardian within (14) days of registration.

Technology Acceptable Use Agreement: The use of computer technology in the schools must be consistent with the educational objective of the school district. Deliberate transmission of any material in violation of any U.S. or state regulation is prohibited. The District retains the right to monitor all data stored on hard drives and servers for compliance. Permission is assumed unless notified in writing by the Parent/Legal Guardian within fourteen (14) days of registration.

Health Information: Your signature grants permission for health information to be shared with the contacts listed, if needed, to remove your child from school if needed for illness or injury. You may also give permission on day of incident for others to remove child.

Expulsions: I hereby certify that the child listed above has not been expelled from and is not the subject of any pending expulsion proceeding in another school district.

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 or inaccurate information may delay, prevent or invalidate my child's enrollment in school. I agree I will promptly inform the school district of any changes in this information, including any changes in my address or the residency of my child.

SIGNATURE REQUIRED:

SIGNATURE OF PARENT/LEGAL GUARDIAN: >>	DATE SIGNED
---	-------------

TRANSFER OF RECORDS REQUEST

{Wis. State Statute 118.125(4)}

MCPASD STUDENT INFORMATION:		
STUDENT LAST NAME:	STUDENT FIRST NAME:	DATE OF BIRTH:
ADDRESS:	CITY, STATE, ZIP:	OCCUPANCY DATE:
DATE OF ENROLLMENT IN MCPASD:	SCHOOL OF ATTENDANCE IN MCPASD:	GRADE / SCHOOL YEAR:

PREVIOUS SCHOOL TO OBTAIN RECORDS FROM:	
SCHOOL NAME:	SCHOOL DISTRICT:
SCHOOL ADDRESS:	SCHOOL CITY, STATE, ZIP
SCHOOL PHONE NUMBER:	SCHOOL FAX NUMBER:

RECORDS REQUESTING FROM PREVIOUS SCHOOL	
<input checked="" type="checkbox"/> BEHAVIORAL RECORDS {118.125(1)(a)}	<input checked="" type="checkbox"/> PROGRESS RECORDS {118.125(1)(cm)}
<input checked="" type="checkbox"/> PROGRESS RECORDS {118.125(1)(c)}	<input checked="" type="checkbox"/> HEALTH RECORDS AND IMMUNIZATIONS

ADDITIONAL RECORDS REQUESTED, IF APPLICABLE	
<input checked="" type="checkbox"/> GRADES IN PROGRESS	<input checked="" type="checkbox"/> CREDITS REQUIRED FOR GRADUATION
<input checked="" type="checkbox"/> GRADING SCALE USED	<input checked="" type="checkbox"/> WIAA ATHLETIC PERMIT CARD
<input checked="" type="checkbox"/> CURRENT IEP, LAST EVALUATION, CONSENT FOR EVALUATION AND CONSENT FOR PLACEMENT	<input checked="" type="checkbox"/> WIAA ELIGIBILITY VERIFICATION

SIGNATURE OF PARENT/GUARDIAN (not required)	
Signature of Parent / Legal Guardian: >	Date Signed:

SIGNATURE OF MIDDLETON-CROSS PLAINS EMPLOYEE REQUESTING RECORDS	
Signature: >	Date Signed:

SEND RECORDS TO (CHECK ONE):

<input type="checkbox"/> ELM LAWN ELEMENTARY SCHOOL 6701 Woodgate Road Middleton, WI 53562 FAX: (608) 831-4470 Phone: (608) 829-9070 Attn: Building Secretary	<input type="checkbox"/> NORTHSIDE ELEMENTARY SCHOOL 3620 High Road Middleton, WI 53562 FAX: (608) 831-1355 Phone: (608) 829-9130 Attn: Building Secretary	<input type="checkbox"/> PARK ELEMENTARY SCHOOL 1209 Park Street Cross Plains, WI 53528 FAX: (608) 798-4943 Phone: (608) 829-9250 Attn: Building Secretary	<input type="checkbox"/> SAUK TRAIL ELEMENTARY SCHOOL 2205 Branch Street Middleton, WI 53562 FAX: (608) 828-1678 Phone: (608) 829-9190 Attn: Building Secretary
<input type="checkbox"/> SUNSET RIDGE ELEMENTARY SCHOOL 8686 Airport Road Middleton, WI 53562 FAX: (608) 827-1805 Phone: (608) 829-9300 Attn: Building Secretary	<input type="checkbox"/> WEST MIDDLETON ELEMENTARY 7627 W. Mineral Point Rd Verona, WI 53593 FAX: (608) 829-1147 Phone: (608) 829-9360 Attn: Building Secretary	<input type="checkbox"/> GLACIER CREEK MIDDLE SCHOOL 2800 Military Road Cross Plains, WI 53528 FAX: (608) 798-5425 Phone: (608) 829-9420 Ext 9428 Attn: Guidance Office	<input type="checkbox"/> KROMREY MIDDLE SCHOOL 7009 Donna Drive Middleton, WI 53562 FAX: (608) 831-8388 Phone: (608) 829-9530 Attn: Guidance Office
<input type="checkbox"/> MIDDLETON HIGH SCHOOL 2100 Bristol Street Middleton, WI 53562 FAX: (608) 831-1995 Phone: (608) 829-9917 Attn: Guidance Office	<input type="checkbox"/> CLARK STREET COMMUNITY SCHOOL 2429 Clark Street Middleton, WI 53562 FAX: (608) 831-5160 Phone: (608) 829-9659	<input type="checkbox"/> 21ST CENTURY eSCHOOL 2429 Clark Street Middleton, WI 53562 FAX: (608) 836-1536 Phone: (608) 829-9648	<input type="checkbox"/> 4K-MCPASD 7106 South Ave Middleton, WI 53562 FAX: (608) 836-1536 Phone: (608) 829-9067

Student Information			
Student Name		Grade	

Purpose of the Home Language Survey

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

Section 1

1. Was the first language used by this student English?

- Yes: Go to Question 2
- No: Go to Question 3

2. When at home, does this student hear or use a language other than English more than half of the time?

- Yes: Go to Question 4
- No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

3. When at home, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 4

4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP Screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 5

5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 6

6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 7

7. Is this student a Native American, Native Alaskan, or Native Hawaiian?

- Yes: Go to Question 8
- No: Go to Question 9

8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 9

9. Has this student recently moved from another school district where they were identified as an English Learner?

- Yes: Rescreen the student if they meet the criteria for rescreening. See EL Policy Handbook. Otherwise, student's ELP should be carried over from the sending district.
- No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

Section 2

Languages other than English used by the student, if identified: _____

Parent/Guardian preference for languages used for school communications (may be multiple):			
Parent/Guardian Name			
Oral		Written	
Parent/Guardian Name			
Oral		Written	

Parent/Guardian Signature: _____

Date: __/__/__

Parent/Guardian Signature: _____

Date: __/__/__

Section 3 (FOR OFFICE USE ONLY)

HLS Result: Screen / Do not Screen (circle one)

HLS administered by: _____, position: _____.

Date of Administration: __/__/__

CC: One printed copy in student cumulative file
One scanned copy to Bilingual Services (Only if HLS indicates English Language Proficiency screening is required) with records request