

**REGISTRATION PROCEDURE**

**WHO IS ELIGIBLE TO ATTEND:**

In accordance with the Middleton-Cross Plains Area School District’s Admission Policy, any child who physically resides in the District for a purpose other than school attendance may be considered a resident student and may be eligible for tuition-free admission to the District’s schools. Students will be assigned to the attendance school, based on address and the attendance boundaries defined by the district. However, the district reserves the right to assign students outside of the attendance boundary based on enrollment, class size or program needs if necessary.

**WHAT IS NEEDED TO REGISTER:**

A parent or guardian is required to provide to the Registrar’s office the following information:

- Proof of Residency (a copy of **one** of the following):
  - Current Lease Agreement - (name, address, effective dates and all parties signatures, both landlord and tenant)
  - Accepted Purchase Agreement – for a newly purchased home (name, address, occupancy or closing date and signatures) followed by MG&E or Alliant statement after move in
  - Building Contract & Building permit - (including name, address, projected completion date, and all signatures) followed by an occupancy permit upon move in
  - Current Utility- last 30 days (Natural Gas, Electric or Municipal Water statements only- name, date, service address)
- Proof of student’s age (please be prepared to present the following for verification of legal name, date of birth and place of birth):
  - Birth Certificate
    - ❖ For information on how to request a Birth Certificate, please go to: <http://dhs.wisconsin.gov/vitalrecords/birth.htm> or call Wisconsin Department of Health Services at (608) 266-1371.
- Immunization Record: The Wisconsin Immunization Registry (WIR) is a computerized online database application that was developed to record and track immunization dates of Wisconsin children and adults. <https://www.dhs.wisconsin.gov/immunization/wir.htm> or your personal records.

**FORMS:**

The family will be asked to complete and return the following forms:

- Student Enrollment Form
- Transfer of Records Request (previous school contact information needed to complete), *if applicable*.
- Free and Reduced Meal Application, *if applicable*: <https://tinyurl.com/MCPASDNutritionServices>
- Resident Status Verification (If family has not established residency in their own name), *if applicable*.

Forms available to download from our Web site: <http://www.mcpasd.k12.wi.us/our-district/registrars-office/registration-forms>

**WHERE DO YOU REGISTER:**

Registrar’s Office (**BY APPT ONLY due to COVID**)

Middleton-Cross Plains Area School District  
 District Administrative Center  
 7106 South Avenue  
 Middleton, WI 53562

Phone: (608) 829-9031 Email: [reg@mcpasd.k12.wi.us](mailto:reg@mcpasd.k12.wi.us)  
 Fax: (608) 836-1536

Registration hours: Monday Friday (7:30am – 4:00pm)

APPOINTMENT CALENDAR LINK:  
<https://tinyurl.com/MCPASDRegistrationappointment>

ONLINE SUBMISSION PREFERRED

Non English Speaking families: By appointment only if an interpreter is necessary.

**BUILDING ENROLLMENT:**

<p>ELM LAWN ELEMENTARY SCHOOL                      6701 Woodgate Rd                      Middleton, WI 53562                      FAX: (608) 831-4470                      Phone: (608) 829-9070</p>	<p>NORTHSIDE ELEMENTARY SCHOOL                      3620 High Rd                      Middleton, WI 53562                      FAX: (608) 831-1355                      Phone: (608) 829-9130</p>	<p>PARK ELEMENTARY SCHOOL                      1209 Park St                      Cross Plains, WI 53528                      FAX: (608) 798-4943                      Phone: (608) 829-9250</p>
<p>POPE FARM ELEMENTARY SCHOOL                      816 SCHEWE RD                      MIDDLETON, WI 53562                      FAX: (608) 824-0129                      PHONE: (608)826-7700</p>	<p>SAUK TRAIL ELEMENTARY SCHOOL                      2205 Branch St                      Middleton, WI 53562                      FAX: (608) 828-1678                      Phone: (608) 829-9190</p>	<p>SUNSET RIDGE ELEMENTARY SCHOOL                      8686 Airport Rd                      Middleton, WI 53562                      FAX: (608) 827-1805                      Phone: (608) 829-9300</p>
<p>WEST MIDDLETON ELEMENTARY                      7627 W. Mineral Point Rd                      Verona, WI 53593                      FAX: (608) 829-1147                      Phone: (608) 829-9360</p>	<p>GLACIER CREEK MIDDLE SCHOOL                      Guidance Department                      2800 Military Rd                      Cross Plains, WI 53528                      FAX: (608) 798-5425                      Phone: (608) 829-9420 Ext 9428</p>	<p>KROMREY MIDDLE SCHOOL                      Guidance Department                      7009 Donna Dr                      Middleton, WI 53562                      FAX: (608) 831-8388                      Phone: (608) 829-9530 Ext 9538</p>
<p>MIDDLETON HIGH SCHOOL                      Guidance Department                      2100 Bristol St                      Middleton, WI 53562                      FAX: (608) 831-1995                      PHONE: (608) 829-9917</p>	<p>CLARK STREET COMMUNITY SCHOOL                      2429 Clark St                      Middleton, WI 53562                      FAX: (608) 831-5160                      Phone: (608) 829-9659</p>	<p>MCPASD- 4K PROGRAM                      7106 South Ave                      Middleton, WI 53562                      FAX: (608) 836-1536                      Phone: (608) 829-9067</p>

After registration has been completed and all necessary documentation submitted by the Parent/Legal Guardian, we ask families to call their student’s building after 48 hours to confirm and complete the building enrollment process.

Registrar's Office Information – To be filled out by school official only													
Student ID#-		Proof of Residency			Proof of Age/Guardian			Staff Initials					
		Utility	Lease	Home Purchase	Birth Cert		Other _____						
STUDENT INFORMATION- to be completed by parent or legal guardian:													
Last Name (legal)			First Name (legal)			Middle Name		Suffix					
Birth Date	Gender	Age	Nickname		Student Cell (if applicable)			Text msg? Y OR N					
Birth City		Birth County			Birth State		Birth Country (if outside of US)						
STUDENT ENROLLMENT INFORMATION													
Start Date	School Name				Grade	School Year <b>2021-2022</b>							
Last School Attended (Name of School, City, State, Zip)					First Date in US Schools (if attended school in another Country)								
STUDENT RACE AND ETHNICITY DATA													
The school district is required by State and Federal law to ask the following two questions regarding race and ethnicity. Please answer the following 2 part question:													
Is this student Hispanic or Latino? ( <i>you must select at least one</i> )					<input type="checkbox"/>	YES, Hispanic or Latino		<input type="checkbox"/>	NO, neither Hispanic or Latino				
Select one or more of the following categories ( <i>you must select at least one</i> ):													
<input type="checkbox"/>	American Indian or Alaska Native		<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander		<input type="checkbox"/>	Asian		<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	White	
PRIMARY GUARDIAN INFORMATION													
Household Address			Apt	City		State	Zip Code						
Household Phone (if applicable)			Tax/Municipality (if known)			District Boundary School (if known)							
Temporary/Interim Address (if applicable)			City			State	Zip Code	End Date					
Adult Guardian Last Name		Adult Guardian First Name			Middle Name		Relationship						
Work Phone		Cell Phone			Text msg? Y OR N		Email Address						
*Adult Last Name		Adult First Name			Middle Name		Relationship						
Work Phone		Cell Phone			Text msg? Y OR N		Email Address		*If not legal guardian to be used as Emergency contact?				
		<input type="checkbox"/>		YES		<input type="checkbox"/>		NO					
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, complete only if other guardian lives outside of the Primary Guardian Household)													
Household Address			Apt	City		State	Zip Code						
Adult Guardian Last Name		Adult Guardian First Name			Middle Name		Relationship						
Household Phone		Cell Phone			Text msg? Y OR N		Work Phone	Email Address					
*Adult Last Name		Adult First Name			Middle Name		Relationship						
Work Phone		Cell Phone			Text msg? Y OR N		Email Address		*If not legal guardian to be used as Emergency contact?				
		<input type="checkbox"/>		YES		<input type="checkbox"/>		NO					

ADDITIONAL CONTACTS				
Local Contact Name	Home Phone	Work Phone	Cell Phone	Relationship
Local Contact Name	Home Phone	Work Phone	Cell Phone	Relationship
Doctor Name	Clinic	Clinic Phone		Hospital
MILITARY CONNECTIONS		YES	NO	
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 currently 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.)				
STUDENT ACCIDENT INSURANCE WAIVER				
<p>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: <a href="https://www.1stagency.com/voluntaryaccidentcoverage.php">https://www.1stagency.com/voluntaryaccidentcoverage.php</a> and follow directions by choosing STATE (Wisconsin) and SCHOOL DISTRICT (Middleton Cross Plains Area School District).</p> <p><b>Please initial the waiver statement below if you are <u>not</u> interested in the voluntary student accident insurance plan for your student.</b></p> <p>_____ /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.</p>				

**PLEASE ANSWER THE FOLLOWING QUESTIONS PERTAINING TO DIGITAL EQUITY:**

*What is the primary learning device the student most often uses to complete school work at home?*

Desktop/Laptop	Tablet	Chromebook	Smartphone	None	Other
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*Is the primary learning device a personal device or school provided?*

Personal	School Provided
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*Is the primary learning device shared with anyone else in the household?*

YES	NO
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*Can the student access the Internet on their primary learning device at home?*

YES	NO-Not Available	NO- Not Affordable	NO-Other
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*What is the primary type of Internet Service used at the residence?*

Residential Broadband(e.g, DSL, Cable, Fiber)	Cellular Network	School-provided hotspot	Satellite	Dial-up	Other	None
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*Can the student stream a video on their primary learning device without interruption?*

YES- No issues	YES- but not consistent	NO
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**2021-2022 INSTRUCTIONAL MODEL CHOICES DUE TO PANDEMIC (if applicable)**

*Two educational delivery models may be offered to families for the 2021-2022 School Year. Please select one of the following:*

<b><u>UNIVERSAL PLAN</u></b>	<b><u>FULLY VIRTUAL</u></b>
<i>The district may plan to start with a fully virtual plan and transition students and staff back to buildings as it is deemed safe.</i>	<i>The district may offer fully online programming for the for students K-12. This may continue to be an option.</i>

**ATHLETIC PARTICIPATION QUESTION- GRADES 9 through 12 ONLY:**

Is your child interested in participating in Athletics at Middleton High School?    YES                      NO

**DISCLOSURE**

**Student Directory:** 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:** "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 attended by the student.

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

**Requests from Military Recruiters/Higher Education (GRADES 9-12 only):** 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 fourteen (14) days of registration.

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

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

**PRIVACY/TECHNOLOGY**

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 14 days of registration (Wis. Stats. 118.125). Please check the items where you would allow or not allow your student's directory data to be released. Please see above listed information for details/definitions on directory data. (Please circle choice)

	YES	NO		YES	NO
1. Publish In Student Directory?			5. Release of Directory Data for Outside Requests?		
2. Publish Picture/Name on District Website/Social Media?			<b>ONLY ANSWER Questions 6 and 7 for Students in Grades 9 through 12</b>		
3. Publish Student Data in School Yearbook?			6. Release for Electronic Job Boards?		
4. Publish in District Media Productions (videos, etc.)?			7. Release for Military Requests/Higher Education?		

**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):		

Wisconsin Statute 118.125(4) - Transfer of Records: No later than the next working day, Wisconsin School Districts shall transfer to another school, records relating to a specific pupil if the transferring school district has received written notice from the other school or school district that the pupil has enrolled.

ELM LAWN ELEMENTARY	NORTHSIDE ELEMENTARY	PARK ELEMENTARY	POPE FARM ELEMENTARY
6701 Woodgate Rd Middleton, WI 53562 FAX: (608) 831-4470 PH: (608) 829-9070 ATTN: Building Secretary	3620 High Rd Middleton, WI 53562 FAX: (608) 831-1355 PH: (608) 829-9130 ATTN: Building Secretary	1209 Park St Cross Plains, WI 53528 FAX: (608) 798-4943 PH: (608) 829-9250 ATTN: Building Secretary	816 Schewe Rd Middleton, WI 53562 FAX: (608) 824-0129 PH: (608) 826-7700 ATTN: Building Secretary
SAUK TRAIL ELEMENTARY	SUNSET RIDGE ELEMENTARY	WEST MIDDLETON ELEMENTARY	KROMREY MIDDLE
2205 Branch St Middleton, WI 53562 FAX: (608)828-1678 PH: (608) 829-9190 ATTN: Building Secretary	8686 Airport Rd Middleton, WI 53562 FAX: (608) 827-1805 PH: (608) 829-9300 ATTN: Building Secretary	7627 W. Mineral Point Rd Verona, WI 53593 FAX: (608) 829-1147 PH: (608)829-9360 ATTN: Building Secretary	7009 Donna Dr Middleton, WI 53562 FAX: (608) 831-8388 PH: (608) 829-9530 ATTN: Building Secretary
GLACIER CREEK MIDDLE	CLARK STREET COMMUNITY	MIDDLETON HIGH SCHOOL	4K, EARLY CHILDHOOD, STUDENT SERVICES, DISTRICT SERVICES CENTER
2800 Military Rd Cross Plains, WI 53528 FAX: (608) 798-5425 PH: (608) 829-9420 ATTN: Guidance Office	2429 Clark St Middleton, WI 53562 FAX: (608) 831-5160 PH: (608) 829-9640 ATTN: Building Secretary	2100 Bristol St Middleton, WI 53562 FAX: (608) 831-1995 PH: (608) 829-9917 ATTN: Guidance Office	7106 South Ave Middleton, WI 53562 FAX: (608) 836-1536 PH: (608) 829-9000 ATTN: Student Records

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.

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**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: \_\_/\_\_/\_\_

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**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