



2020-2021

MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT (www.mcpasd.k12.wi.us)
REGISTRATION OFFICE – 7106 SOUTH AVENUE, MIDDLETON, WI 53562 PHONE 608.829.9031 FAX 608.836.1536

4K 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. 4K School Assignment is based on your transportation choice. Please review enrollment packet to determine your preferred site selections. 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:

Please have the following information available when you submit your registration documents. Your child’s enrollment will not be processed until all required documentation is received.

- Proof of Residency** (a copy of **one** of the following):
 - Current Lease Agreement - (name, address, effective date and all parties signatures, both landlord and tenant)
 - Current Utility (Gas, Water or Electric statements **only**- name, date, service address, bill within last 30 days)
 - Accepted Purchase Agreement – for a newly purchased home (within last 30 days, 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
- Proof of student’s age** (please be prepared to present one of the following for verification of legal name, date of birth, place of birth and guardian confirmation)
 - 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 internet 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:

Please complete and return the following forms:

- Student Enrollment Form
- Site Selection preferences
- Transportation form
- Immunization form and/or records
- Resident Status Verification and affidavit (Only if family has not established residency in their own name), *if applicable* <https://tinyurl.com/yafndy8l>
- Please call 608-829-9031 to determine if notarized affidavit is required if you have not established residency in your own name.**

WHERE DO YOU REGISTER:

Online submission preferred

Please email rkelso@mcpasd.k12.wi.us with questions

Please sign, save and email 4kregistration@mcpasd.k12.wi.us

You may also fax your forms and supporting documentation or visit us at the District Services Center.

Registrar’s Office (608)829-9031

Non English Speaking families, please call 608-829-9031

7106 South Ave

to set an appointment if an interpreter is necessary

Middleton, WI 53562

Fax: 608-836-1536

Hours: Monday-Friday 7:30-4:00

MCPASD- 4K PROGRAM
 7106 South Ave
 Middleton, WI 53562
 FAX: (608) 836-1536
 Phone: (608) 829-9067
rkelso@mcpasd.k12.wi.us

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	Passport	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)					
Birth City		Birth County		Birth State		Birth Country (if outside of US)				
STUDENT ENROLLMENT INFORMATION										
Start Date	School Name DETERMINED BY 4K Staff			Grade 4K		School Year 2020-2021				
Last School Attended (Name of School, City, State, Zip, if applicable)				Will your child be provided wrap around daycare at your community site? Site: _____		TRANSPORTATION				
				YES		NO		YES		NO
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>)				YES, Hispanic or Latino			NO, neither Hispanic or Latino			
Select one or more of the following categories (<i>you must select at least one</i>):										
American Indian or Alaska Native		Native Hawaiian or Other Pacific Islander		Asian		Black or African American		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		Email Address					
			Y	N						
*Adult Last Name		Adult First Name		Middle Name		Relationship				
Work Phone		Cell Phone	TEXT		Email Address					
			Y	N						
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		Work Phone		Email Address			
			Y	N						
*Adult Last Name		Adult First Name		Middle Name		Relationship				
Work Phone		Cell Phone	TEXT		Email Address					
			Y	N						
			Y	N			YES		NO	

NON-HOUSEHOLD EMERGENCY 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.</p> <p>For more information regarding the voluntary student accident insurance plan or to obtain an application form, please go to the following link: https://www.1stagency.com/voluntaryaccidentcoverage.php and follow directions by choosing STATE (Wisconsin) and SCHOOL DISTRICT (Middleton Cross Plains Area School District).</p> <p>Please initial the waiver statement below if you are <u>not</u> interested in the voluntary student accident insurance plan for your student.</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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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.

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?					
3. Publish Student Data in School Yearbook?					
4. Publish in District Media Productions (videos, etc.)?					

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.

I agree, as a 4K Parent/Legal Guardian, I give permission for Wisconsin DCF(1) to inspect my child's 4K student records only for the purpose set forth in Wisconsin Administrative Code DCF 251.12, and only during the period in which my child is enrolled in 4K at a community provider site

SIGNATURE REQUIRED:

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE SIGNED

Family Name: _____

McKinney-Vento Homeless Assistance Act Eligibility Form

(Please complete one form per family)

Please check the line(s) below that best describes the *student's* living situation. The purpose of this form is to provide information to help make a determination of eligibility for rights and services under the McKinney-Vento Homeless Assistance Act.

Is the student(s) living in any of the following situations (check all that apply)?

- Sharing housing with others due to loss of housing, economic hardship or similar reason
- Staying in a shelter (family, domestic violence or youth shelter)
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodation
- Living in transitional housing (case management *and* subsidy *and* time limited)
Name and number of case manager _____
- Living in other situations that are not fixed, regular or adequate for nighttime residence.
- Children/youth living in a homeless situation who are also not under the care of a parent and/or legal guardian
- Migratory children who live in any of the circumstances as described above
- Although now permanently housed, my family was identified under McKinney-Vento during the current school year. If yes, which district: _____

If you checked any of the above please complete the remainder of this form and submit to school personnel. If you did not check any of the above, you do not need to complete or submit this form.

Please list all children in the household (up to age 21):

Name	Date of Birth	School

This form will be shared with MCPASD Transitional Education Program Social Worker. The Social Worker will follow-up with you regarding eligibility for services. Completing this form will not automatically result in services under the McKinney-Vento Homeless Assistance Act. Please contact the Transitional Education Program Social Worker at **(608) 826-7649**, for more information and/or questions.

This information is confidential and shall be kept for the current school year only



MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT 4K REGISTRATION

Middleton-Cross Plains 4K Partner Locations

Academy for Little Learners *AM ONLY

Address: 9649 Silicon Prairie Parkway, Verona 53593

Contact: Betsy Erdman 608.826.5437

Middleton Pre-School *PM ONLY

Address: 7118 Old Sauk Road, Madison 53717

Contact: Joan Stoppleworth 608.836.7554

Little Red Pre-School - Middleton

Address: 7739 Terrace Avenue, Middleton 53562

Contact: Courtney/Karen Meinholz/Corena Juech
608.831.0033

Little Cardinals Academy *AM ONLY

Address: 1805 Bourbon Road, Cross Plains 53528

Contact: Jessica Eiden 608.237.1826

Club House For Kids-Middleton *Spanish Supported

Address: 3150 Deming Way, Middleton 53562

Contact: Rebecca Ganser 608.824.2090

Pooh Bear Child Care and Pre-School

Address: 1340 Deming Way, Middleton 53562

Contact: Theresa Shaeffer 608.831.2327

Little Red Pre-School - Cross Plains

Address: 2427 Church Street, Cross Plains 53528

Contact: Corena Juech 608.831.0033

Primrose School of Middleton

Address: 3000 Deming Way, Middleton 53562

Contact: Amanda Kienbaum 608.841.1684

Elm Lawn Elementary School

Address: 6701 Woodgate Rd. Middleton 53562

Contact: 4K Principal, Marybeth Paulisse
608.829.9025

West Middleton Elementary School

Address: 7627 W Mineral Point Rd, Verona 53593

Contact: 4K Principal, Marybeth Paulisse
608.829.9025

Middleton Baby and Childcare

Address: 5219 Century Ave, Middleton, WI 53562

Contact: Emily Haley 608.819.8370



MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT 4K Site Preferences

Child's Legal Name _____
PLEASE PRINT

Child's Date of Birth _____
PLEASE PRINT

The 4K office will place your child in a site based on your attendance area school and site availability. Confirmation of 4K placements will take place early May.

If you prefer a specific site please rank your choices. The 4K office will take your choices into consideration when placing students. **The final decision on all 4K placements is made by the 4K Principal and District Administration.** ***NOTE: Attendance areas are for Transportation only. If you are planning on transporting on your own, you may indicate preference for any site.

PLEASE NOTE:

Please be sure to submit the transportation form included with this packet. Indicate Yes or NO if services are needed. Your transportation will be based on the address indicated on your child's transportation form. If transportation is required from other than your home address, (which must be located within the MCPASD) site selection will be based on THAT address, not your home address. A transportation form is required to be submitted with your child's enrollment packet. Please call or email the 4K office with questions, rkelso@mcpasd.k12.wi.us or 608.829.9067

Elm Lawn Elementary Bussing Sites:

Little Red Pre-School _____
Elm Lawn Elementary _____

Northside Elementary Bussing Sites:

Little Red Pre-School _____
Middleton Baby & Childcare _____ *Spanish Supported

Park Elementary Bussing Sites:

Little Cardinal's Academy _____
Little Red Preschool-Cross Plains _____

Pope Farm Elementary Bussing Sites:

Pooh Bear Childcare & Preschool _____
Middleton Preschool _____ (pm only)

Sauk Trail Elementary Bussing Sites:

Middleton Baby & Childcare _____ *Spanish Supported
Clubhouse for Kids _____ *Spanish Supported

Sunset Ridge Elementary Bussing Sites:

Clubhouse for Kids _____ *Spanish Supported
Primrose School of Middleton _____

West Middleton Elementary Bussing Sites:

Academy for Little Learners _____ (am only)
West Middleton Elementary _____

4K Class Times:

Morning: 8:50 -11:26 am

Afternoon: 12:09 – 2:45 pm

MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT

Para cualquier pregunta o si necesita ayuda en español, por favor contacte (608) 829-9023.

Request for 4-Year-Old Kindergarten Transportation for the **2020-2021** School Year

Parent/Guardians' Name _____ Date _____

Child's First Name _____ Child's Last Name _____

Address _____ Phone _____

City/State/Zip _____ Alternate Phone _____

Please return completed form to the 4K office, District Services Center, 7106 South Ave, Middleton. You may also scan and return email: 4Kregistration@mcpasd.k12.wi.us OR fax to 608-836-1536. Any questions, please call 608-829-9067.

TRANSPORTATION TO SCHOOL

Check the following days of the week to provide transportation (TO) school from this address:

Not Needed or M T W R F

SAME AS ABOVE or CHILD CARE PROVIDER: _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone : _____

Signature of Child Care Provider _____ Date _____

Signature of Parent/Guardian _____ Date _____

TRANSPORTATION FROM SCHOOL

Check the following days of the week to provide transportation (FROM) school to this address:

Not Needed or M T W R F

SAME AS ABOVE or CHILD CARE PROVIDER: _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone : _____

Signature of Child Care Provider _____ Date _____

Signature of Parent/Guardian _____ Date _____

Requests will be honored and processed contingent upon the following conditions:

1. Request must be from only one address to school and to only one address from school.
2. Only a limited number of changes of provider will be accepted during the year. Each change will require a new set of forms.
3. Students must reside within their specific school attendance area and be in the MCPASD attendance area in order for Child care transportation to be provided. If you do not reside in the district and/or are outside of your attendance area this arrangement would be considered via a Student Contract from our office. Please contact the Transportation Office for details. (608) 829-2365
4. Parent must contact Transportation Center if transport is scheduled and ride is not needed on a particular day.
5. **Parent/child care provider must meet the bus at the scheduled stop when returning student from school.**
6. Failure to be ready for the bus at the stop in a timely fashion more than three (3) times in a semester will result in suspension of transportation privilege.

****TO BE COMPLETED BY DISTRICT 4K AND TRANSPORTATION STAFF****

4K Site Assignment: 4K OFFICE COMPLETES

4K Staff Signature: _____

Please Note: The bottom portion of this form will be mailed to families' prior the start of the 4K school year to confirm transportation.

Dear Parent/Guardians:

Your request is hereby granted subject to the conditions qualifications listed above.

Your request has not been approved, and

Stop Location & time: To School _____ From School _____

Bus Number: _____

Bus Number: _____

Transportation Center: _____

Date: _____



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

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department.

PERSONAL DATA		PLEASE PRINT				
Step 1	Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year 2020-2021
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ()	

IMMUNIZATION HISTORY						
Step 2	List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, Tdap or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.					
TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr	
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)						
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td						
Polio						
Hepatitis B						
MMR (Measles, Mumps, Rubella)						
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:						
Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)						

REQUIREMENTS	
Step 3	Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA	
Step 4	STUDENT MEETS ALL REQUIREMENTS Sign at Step 5 and return this form to school. _____ Or _____
	STUDENT DOES NOT MEET ALL REQUIREMENTS Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS. <input type="checkbox"/> Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine. NOTE: Failure to stay on schedule and notify the school may result in court action and a fine of up to \$25.00 per day of violation. WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received) <input type="checkbox"/> For health reasons this student should not receive the following immunizations _____ _____ SIGNATURE - Physician Date Signed <input type="checkbox"/> For religious reasons this student should not be immunized. <input type="checkbox"/> For personal conviction reasons this student should not be immunized. _____ LIST VACCINE(S) WAIVED

Step 5	This form is complete and accurate to the best of my knowledge. Check one: (I do <input type="checkbox"/> I do not <input type="checkbox"/>) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR. SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed
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2020-2021 Alternate Household Income Form

The Wisconsin Department of Public Instructions requires school district to collect data to determine eligibility to receive benefits beyond free meals for your child(ren) and school, please complete a household income form. Return form to the Middleton Cross Plains Area School District Registration Office.

- 1. Select the total number of people in your household.** Be sure to include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.
- 2. Select the box that represents the range of annual household income.** Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

1. Total number of people in household	2. Select the appropriate range of combined annual income for all people in the household <i>(Include all income sources listed above, before taxes.)</i>	
<input type="checkbox"/> 1 →	<input type="checkbox"/> \$0 - \$23,606	<input type="checkbox"/> At or Above \$23,607
<input type="checkbox"/> 2 →	<input type="checkbox"/> \$0 - \$31,894	<input type="checkbox"/> At or Above \$31,895
<input type="checkbox"/> 3 →	<input type="checkbox"/> \$0 - \$40,182	<input type="checkbox"/> At or Above \$40,183
<input type="checkbox"/> 4 →	<input type="checkbox"/> \$0 - \$48,470	<input type="checkbox"/> At or Above \$48,471
<input type="checkbox"/> 5 →	<input type="checkbox"/> \$0 - \$56,758	<input type="checkbox"/> At or Above \$56,759
<input type="checkbox"/> 6 →	<input type="checkbox"/> \$0 - \$65,046	<input type="checkbox"/> At or Above \$65,047
<input type="checkbox"/> 7 →	<input type="checkbox"/> \$0 - \$73,334	<input type="checkbox"/> At or Above \$73,335
<input type="checkbox"/> 8 →	<input type="checkbox"/> \$0 - \$81,622	<input type="checkbox"/> At or Above \$81,623
<input type="checkbox"/> 9 →	<input type="checkbox"/> \$0 - \$89,910	<input type="checkbox"/> At or Above \$89,911
<input type="checkbox"/> 10 →	<input type="checkbox"/> \$0 - \$98,198	<input type="checkbox"/> At or Above \$98,199
<input type="checkbox"/> 11 →	<input type="checkbox"/> \$0 - \$106,486	<input type="checkbox"/> At or Above \$106,487
<input type="checkbox"/> 12 →	<input type="checkbox"/> \$0 - \$114,774	<input type="checkbox"/> At or Above \$114,775

If household has more than 12 people, fill in the following	
<input type="checkbox"/> SIZE: _____	<input type="checkbox"/> INCOME: _____

List all students in the household. If any child you are applying for is a foster child; homeless, migrant, runaway; or attends Head Start, please check the appropriate box.

Student's First Name	Student's Last Name	Grade Level	School Child Attends	Foster	Homeless, Migrant, Runaway	Head Start

Contact information and adult signature

“I certify (promise) that all information on this application is true and that all income is reported.”

Name of Adult Completing the Form (printed)

Signature

Today's Date

Street Address (if available), Apt #

City

State

Zip Code

Daytime Phone

Email (optional)

CHECKLIST

- Have you included all of your children as household members?
- Are *both* the household size and total household income range boxes checked?
- Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Economic Status: Economically Disadvantaged (free/reduced) _____
Non-Economically Disadvantaged (paid) _____

I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.

Signature (of school or district staff): _____

Print Name: _____

Date: _____

Reminder: All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.