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

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 asked 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 date 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 (Gas, Water or Electric statements only- name, date, service address)
- ❑ Proof of student's age (please be prepared to present one of 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.
  - Passport
- ❑ 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:

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*
- ❑ 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
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**
Fax: (608) 836-1536

Registration hours: Monday – Thursday (7:30am – 4:00pm)
Fridays by appointment

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

BUILDING ENROLLMENT:

ELM LAWN ELEMENTARY SCHOOL 6701 Woodgate Rd Middleton, WI 53562 FAX: (608) 831-4470 Phone: (608) 829-9070	NORTHSIDE ELEMENTARY SCHOOL 3620 High Rd Middleton, WI 53562 FAX: (608) 831-1355 Phone: (608) 829-9130	PARK ELEMENTARY SCHOOL 1209 Park St Cross Plains, WI 53528 FAX: (608) 798-4943 Phone: (608) 829-9250
SAUK TRAIL ELEMENTARY SCHOOL 2205 Branch St Middleton, WI 53562 FAX: (608) 828-1678 Phone: (608) 829-9190	SUNSET RIDGE ELEMENTARY SCHOOL 8686 Airport Rd Middleton, WI 53562 FAX: (608) 827-1805 Phone: (608) 829-9300	WEST MIDDLETON ELEMENTARY 7627 W. Mineral Point Rd Verona, WI 53593 FAX: (608) 829-1147 Phone: (608) 829-9360
GLACIER CREEK MIDDLE SCHOOL Guidance Department 2800 Military Rd Cross Plains, WI 53528 FAX: (608) 798-5425 Phone: (608) 829-9420 Ext 9428	KROMREY MIDDLE SCHOOL Guidance Department 7009 Donna Dr Middleton, WI 53562 FAX: (608) 831-8388 Phone: (608) 829-9530 Ext 9538	MIDDLETON HIGH SCHOOL Guidance Department 2100 Bristol St Middleton, WI 53562 FAX: (608) 831-1995 Phone: (608) 829-9917
CLARK STREET COMMUNITY SCHOOL 2429 Clark St Middleton, WI 53562 FAX: (608) 831-5160 Phone: (608) 829-9659	21st CENTURY eSCHOOL 2429 Clark St Middleton, WI 53562 FAX: (608) 831-5160 Phone: (608) 829-9648	MCPASD- 4K PROGRAM 2138 Pinehurst Dr Middleton, WI 53562 FAX: (608) 828-1595 Phone: (608) 829-9067

After registration has been completed and all necessary documentation submitted by the Parent/Legal Guardian, we ask families to call the building after 48 hours to set up an appointment to complete the building enrollment process.

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STUDENT ENROLLMENT FORM

Registrar's Office Information – To be filled out by school official only			
Student ID#-	Proof of Residency- Utility / Lease / Home Purchase	Proof of Age- Birth Certificate / Passport	Staff Initials-

STUDENT INFORMATION – To be filled out by parent or legal guardian:				
Last Name (*legal*)	First Name (*legal*)	Middle Name (*legal*)	Suffix	
Birth Date	Gender	Age	Nickname	Student Cell Phone (*if applicable)*
Birth City	Birth County	Birth State	Birth Country (*if outside of US)*	

STUDENT ENROLLMENT INFORMATION			
Start Date	School Name	Grade	School Year
Last School Attended (*name of school, city, state, zip*)	First Date in US Schools (*if attended school in another country)*		

PRIMARY GUARDIAN HOUSEHOLD INFORMATION				
Household Address	Apt	City	State	ZIP
Household Phone	Tax/Municipality (*if known)*	District Boundary Schools (*if known)*		
Temporary/Interim Address *(if applicable)*	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 *or* 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, 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? YES *or* NO	

ADDITIONAL CONTACTS

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	

LANGUAGE SURVEY	YES	NO	COMMENTS
1. Is a language other than English spoken in the home on a regular basis? (If yes, please indicate language.)	☐	☐	**Language**:_____
2. Does the student use a language other than English on a regular basis? (If yes, please indicate language.)	☐	☐	**Language**:_____
3. Is the student currently receiving "English Language Learner" services?	☐	☐	
4. As a Parent/Guardian, do you require communication in a language other than English? (If yes, please indicate language. Communication in foreign language is not guaranteed.)	☐	☐	**Language**:_____

***School Note: If any question 1 through 3 is marked "YES",** then the district has legal obligation to evaluate for limited-English proficiency prior to the student entering grades K-12. The district follows the WI identification process. For more information see the following bulletin: http://esea.dpi.wi.gov/files/esea/pdf/bul_0701.pdf

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	COMMENTS
1. May student and household information be published in the student directory? (See explanation under DISCLOSURE on p. 3.)	☐	☐	
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.)?	☐	☐	
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? (Grades 9-12 only. See explanation under DISCLOSURE on p. 3.)	☐	☐	
6. May the student receive e-mails announcing local, part-time job openings? (Grades 9-12 only.)	☐	☐	

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?

  □ 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.

_____I/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 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.

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.

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.

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 of 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 to promptly inform the school district of any changes in this information, including any changes in the residency of my child.

SIGNATURE REQUIRED:

SIGNATURE OF PARENT/LEGAL GUARDIAN: ➢	DATE SIGNED

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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	
✓ BEHAVIORAL RECORDS (118.125(1)(a)}	✓ PROGRESS RECORDS {118.125(1)(cm)}
✓ PROGRESS RECORDS {118.125(1)(c)}	✓ HEALTH RECORDS AND IMMUNIZATIONS

ADDITIONAL RECORDS REQUESTED, IF APPLICABLE	
✓ GRADES IN PROGRESS	✓ CREDITS REQUIRED FOR GRADUATION
✓ GRADING SCALE USED	✓ WIAA ATHLETIC PERMIT CARD
✓ CURRENT IEP, LAST EVALUATION, CONSENT FOR EVALUATION AND CONSENT FOR PLACEMENT	✓ WIAA ELIGIBILITY VERIFICATION

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

SIGNATURE OF MIDDLETON-CROSS PLAINS EMPLOYEE REQESTING RECORDS	
Signature: ➢	Date Signed:

SEND RECORDS TO (CHECK ONE):

☐ **ELM LAWN ELEMENTARY SCHOOL** 6701 Woodgate Road Middleton, WI 53562 FAX: (608) 831-4470 Phone: (608) 829-9070 Attn: Building Secretary	☐ **NORTHSIDE ELEMENTARY SCHOOL** 3620 High Road Middleton, WI 53562 FAX: (608) 831-1355 Phone: (608) 829-9130 Attn: Building Secretary	☐ **PARK ELEMENTARY SCHOOL** 1209 Park Street Cross Plains, WI 53528 FAX: (608) 798-4943 Phone: (608) 829-9250 Attn: Building Secretary	☐ **SAUK TRAIL ELEMENTARY SCHOOL** 2205 Branch Street Middleton, WI 53562 FAX: (608) 828-1678 Phone: (608) 829-9190 Attn: Building Secretary
☐ **SUNSET RIDGE ELEMENTARY SCHOOL** 8686 Airport Road Middleton, WI 53562 FAX: (608) 827-1805 Phone: (608) 829-9300 Attn: Building Secretary	☐ **WEST MIDDLETON ELEMENTARY** 7627 W. Mineral Point Rd Verona, WI 53593 FAX: (608) 829-1147 Phone: (608) 829-9360 Attn: Building Secretary	☐ **GLACIER CREEK MIDDLE SCHOOL** 2800 Military Road Cross Plains, WI 53528 FAX: (608) 798-5425 Phone: (608) 829-9420 Ext 9428 Attn: Guidance Office	☐ **KROMREY MIDDLE SCHOOL** 7009 Donna Drive Middleton, WI 53562 FAX: (608) 831-8388 Phone: (608) 829-9530 Attn: Guidance Office
☐ **MIDDLETON HIGH SCHOOL** 2100 Bristol Street Middleton, WI 53562 FAX: (608) 831-1995 Phone: (608) 829-9917 Attn: Guidance Office	☐ **CLARK STREET COMMUNITY SCHOOL** 2429 Clark St Middleton, WI 53562 FAX: (608) 831-5160 Phone: (608) 829-9659	☐ **21ST CENTURY eSCHOOL** 2429 Clark St Middleton, WI 53562 FAX: (608) 836-1536 Phone: (608) 829-9648	☐ **4K-MCPASD** 4130 Pinehurst Dr Middleton, WI 53562 FAX: (608) 836-1536 Phone: (608) 829-9067