



WHO IS ELIGIBLE TO ATTEND:

4K

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 and completed forms:

- Proof of Residency (a copy of **one** of the following):
 - Lease Agreement - (name, address, effective date and signatures)
 - Accepted Purchase Agreement - (name, address, occupancy or closing date and signatures)
 - Building Contract - (name, address, projected completion date and signatures)
 - Current Utility (Gas, Water or Electric) Statement - (name, service address)
 - Resident Status Verification Form (If family has not established residency in their own name), only if applicable.
- 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 & Day Care Immunization Form, F44-192
- Student Enrollment Form

Forms available to download from our Web site (www.mcpasd.k12.wi.us), choose "Registering New Students" tab.

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
Fax: (608) 836-1536

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

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

Applications will be accepted beginning February 27th – March 8th.



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



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	TRANSPORTATION?
		4K	2012-2013	YES NO
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 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



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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.)	<input type="checkbox"/>	<input type="checkbox"/>	Language: _____
2. Does the student use a language other than English on a regular basis? (If yes, please indicate language.)	<input type="checkbox"/>	<input type="checkbox"/>	Language: _____
3. Is the student currently receiving "English Language Learner" services?	<input type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input type="checkbox"/>	Language: _____

SPECIAL NEEDS			
	YES	NO	COMMENTS
1. Does the student currently receive "special education" services?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has the student been evaluated for "special education" services?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the student currently receive "504 accommodations"?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the student current receive any other special services?	<input type="checkbox"/>	<input type="checkbox"/>	

HEALTH CONCERNS			
	YES	NO	COMMENTS/EXPLANATION
1. Does the student have vision difficulty? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the student have hearing difficulty? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the student have asthma? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the student have an inhaler at school? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does the student self carry an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the student have allergies? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is an epi-pen prescribed?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the student have diabetes, type 1?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the student have diabetes, type 2?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Has the student ever had a seizure? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is there medication to be required at school? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
12. Are there other health concerns the school should be aware of? (If yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	

PRIVACY/TECHNOLOGY			
	YES	NO	COMMENTS
1. May student and household information be published in the student directory? (See explanation under DISCLOSURE on p. 3.)	<input type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input type="checkbox"/>	
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)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. May the student's photo and/or name (when appropriate) be published on the District-sponsored Web Page?	<input type="checkbox"/>	<input type="checkbox"/>	
5. May the student's information be shared with Military Recruiters/Higher Education? (Grades 9-12 only. See explanation under DISCLOSURE on p. 3.)	<input type="checkbox"/>	<input type="checkbox"/>	
6. May the student receive e-mails announcing local, part-time job openings? (Grades 9-12 only.)	<input type="checkbox"/>	<input type="checkbox"/>	



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, (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 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 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 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 to promptly inform the school district of any changes in this information, including any changes in 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
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DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.
 Yes year _____ (Vaccine is not required)
 No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicella

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).
²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.
³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 **IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR**
IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the day care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

Physician's Signature Required

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

SIGNATURE

STEP 5 To the best of my knowledge this form is complete and accurate.

SIGNATURE - Parent, Guardian or Legal Custodian

Date Signed