

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.mcpsd.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@mcpsd.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 Road Middleton, WI 53562 FAX: (608) 831-4470 Phone: (608) 829-9070	NORTHSIDE ELEMENTARY SCHOOL 3620 High Road Middleton, WI 53562 FAX: (608) 831-1355 Phone: (608) 829-9130	PARK ELEMENTARY SCHOOL 1209 Park Street Cross Plains, WI 53528 FAX: (608) 798-4943 Phone: (608) 829-9250
SAUK TRAIL ELEMENTARY SCHOOL 2205 Branch Street Middleton, WI 53562 FAX: (608) 828-1678 Phone: (608) 829-9190	SUNSET RIDGE ELEMENTARY SCHOOL 8686 Airport Road 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 Road Cross Plains, WI 53528 FAX: (608) 798-5425	KROMREY MIDDLE SCHOOL Guidance Department 7009 Donna Drive Middleton, WI 53562 FAX: (608) 831-8388	MIDDLETON HIGH SCHOOL Guidance Department 2100 Bristol Street Middleton, WI 53562 FAX: (608) 831-1995
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.

STUDENT ENROLLMENT FORM

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

Student ID#-	Proof of Residency- <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Utility Lease Home Purchase </div>	Proof of Age- <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Birth Certificate Passport </div>	Staff Initials-
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STUDENT INFORMATION – To be filled out by parent or legal guardian:

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

STUDENT ENROLLMENT INFORMATION

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

PRIMARY GUARDIAN HOUSEHOLD INFORMATION

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

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

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

ADDITIONAL CONTACTS

STUDENT ENROLLMENT FORM

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: _____

*****School Note: If any question 1 thorough 3 is marked "YES", then the district has legal obligation to evaluate for limited-English proficiency following the WI identification process. For more information see the following bulleting: 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?	<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"/>	

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

RACE AND ETHNICITY DATA

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

❖ Is this student Hispanic or Latino?

☐ 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

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

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 REQUESTING RECORDS		
Signature: ➤		Date Signed:
SEND RECORDS TO (CHECK ONE):		

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

Family Name: _____

McKinney-Vento 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 information is to ensure the rights of children and youth under the McKinney-Vento law.

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

- ☐ Sharing housing with relatives or others due to lack of housing
- ☐ Living in a shelter or transitional living program
- ☐ Living in a motel, hotel, park or campground due to lack of adequate housing
- ☐ Living in a car or RV or in a public place (such as a bus station)
- ☐ Living in sub-standard housing, such as an abandoned/condemned building
- ☐ Living without a parent or legal guardian, or a teen (up to age 21) living independently
- ☐ Awaiting permanent foster care placement
- ☐ Parents are migrant workers
- ☐ Living in other situations that are not fixed, regular, or adequate for nighttime residence

***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 transition living with you up to age 21. Please include children of all ages and if they are attending an educational program.

Name	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your children have the right to:

- ✓ Attend school at the last school attended and receive transportation assistance if eligible
- ✓ Enroll in school without giving a permanent address and attend while the district provides support for school transfer and acquiring necessary documents and records
- ✓ Receive the same services, if needed, provided to all other children who qualify for special programs
- ✓ Have enrollment/transportation disputes quickly addressed

The McKinney-Vento Homeless Education Assistance Act and the Middleton-Cross Plains Area School District policy assures the educational rights listed above for students in transition. Please contact the District Transitional Education Coordinator, **Karen Rice Osterman**, at **(608) 829-9977** if needed for further information.

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

(For a copy of this document, please ask the staff person)

Please email to Transitional Education Coordinator at krice@mcpasd.k12.wi.us and Food Service at agundeck@mcpasd.k12.wi.us

Application # _____
(For School Use Only)

MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT

Assistance for Fees and Technology Resources

2015-16 School Year

(Please check all that apply)

☐ Yes, I release my free/reduced status to Lunch Express and Business service personnel for possible school fee reduction/waiver

☐ Yes, I release my free/reduced lunch status to my child/ren's School Social Worker/Transitional Education/Latino Family Outreach Specialist for possible school fee relief opportunities including but not limited to:

- School supplies
- Scholarships (yearbooks, book fair, fieldtrips, testing)
- Snacks
- Information about community resources

☐ Yes, I release my free/reduced status to authorized Technology personnel to access technology resources such as Google Chromebooks and graphing calculators (applies only to middle and high school)

☐ No, I do not wish to be considered for possible school fee reduction or waiver

Student Name: _____ **School:** _____
(Please print) _____

Parent/Guardian Signature: _____ **Date** _____

Please return form to:

Lunch Express % Amy Gundek
2130 Pinehurst Drive
Middleton, WI 53562

Questions??? Please contact
Amy Gundek at (608) 829-2344
or agundek@mcpasd.k12.wi.us

Contact List

If at any point during the school year, your family needs additional assistance to pay school fees, please contact the School Social Worker or Transitional Education/Latino Family Outreach Specialist.

Middleton High School

Claire Staley.....829-9432 (*White Spruce House*)
Kristin Wilson.....829-9793 (*Red Maple House*)

Clark Street Community School

Monique Larson-Hicks.....829-9645

Glacier Creek Middle

Dale Kaufman829-9278

Kromrey Middle

Elm Lawn Elementary

Northside Elementary

Andrea Faulkes.....829-9544

West Middleton Elementary

Park Elementary

Sunset Ridge Elementary

Susan Sims-Mormino829-9405

Sauk Trail Elementary

4k/Early Childhood

Kristen Haag.....829-9029

Transitional Education/Latino Family Outreach Specialist

Karen Rice.....829-9977

Free-reduced Applications/Fee Waiver Information

Amy Gundeck.....829-2344

School Fee List:

ELEMENTARY SCHOOL

<http://www.mcpasd.k12.wi.us/sites/www.mcpasd.k12.wi.us/files/content/parents/parent-resources/student-fees/Student Fees Elementary 2014-15 Approved.pdf>

MIDDLE SCHOOL

<http://www.mcpasd.k12.wi.us/sites/www.mcpasd.k12.wi.us/files/content/parents/parent-resources/student-fees/msstudentfees14-15.pdf>

HIGH SCHOOL

<http://www.mcpasd.k12.wi.us/sites/www.mcpasd.k12.wi.us/files/content/parents/parent-resources/student-fees/hsstudentfees14-15.pdf>

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **The Middleton-Cross Plains Area School District** offers healthy meals every school day. Breakfast costs \$1.50/\$1.80/\$2.05; lunch costs \$2.50/\$2.80/\$3.10. **Your children may qualify for free meals or for reduced price meals.** Reduced price is \$.00(free) for breakfast and \$.00(free) for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from FoodShare, the Food Distribution Program on Indian Reservations (FDPIR), or W-2 Cash Benefits are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2015-2016			
Household size	Yearly (\$)	Monthly (\$)	Weekly (\$)
1	21,775	1,815	419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each additional person:	7,696	642	148

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Karen Rice at 608-829-9977 or krice@mcpasd.k12.wi.us.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Lunch Express, % Amy Gundeck, 2130 Pinehurst Drive, Middleton, WI 53562.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Amy Gundeck, 2130 Pinehurst Drive, Middleton, WI 53562, 608-829-2344, agundeck@mcpasd.k12.wi.us immediately.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Lori Ames, 608-829-9052, 2130 Pinehurst St, Middleton, WI 53562**
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Amy Gundeck, 2130 Pinehurst Drive, Middleton, WI 53562, 608-829-2344, agundeck@mcpasd.k12.wi.us to receive a second application.
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for FoodShare or other assistance benefits, contact your local assistance office or call 1-800-362-3002.

If you have other questions or need help, call 608-829-2344- AMY GUNDECK.

Sincerely,

Amy Jungbluth

Middleton- Cross Plains Food & Nutrition Coordinator

#

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit **one** application per household, even if your children attend more than one school in the Middleton-Cross Plains Area School District. The application must be filled out completely to certify your children for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Amy Gundeck at 608-829-2344 or agundeck@mcpsd.k12.wi.us.**

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12 WHO ARE HOUSEHOLD MEMBERS

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include **all** members in your household who are:

- Children age 18 or under **and** are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, runaway youth, or Head Start;
- Students attending Middleton-Cross Plains Schools, *regardless of age.*

A) List each child's name. For each child, print their first name, middle initial and last name. Use one line of the application for each child. When writing names, print one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) List the name of the school the child attends or N/A if the child does not attend school.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are only applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**

E) Are any children in Head Start? If any child is enrolled in a Head Start Program, check the Head Start box after the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: FOODSHARE, W-2 CASH BENEFITS, OR FDPIR?

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or FoodShare
- Temporary Assistance for Needy Families (TANF) or W-2 Cash Benefits
- The Food Distribution Program on Indian Reservations (FDPIR)

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- *Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.*
- *Leave STEP 2 blank.*

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- **Circle 'YES' and provide a case number for FoodShare, W-2 Cash Benefits, or FDPIR.** You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact your case worker. **You must provide a case number on your application if you circled "YES".** Please note: A BadgerCare case number cannot be used on this application, only the programs listed above.
- **Skip to STEP 4, leave STEP 3 blank.**

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) Report all income earned by children. Refer to the chart titled "Sources of Income for Children" in these instructions and report the combined gross income for **ALL** children listed in Step 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Sources of Income for Children	
Sources of Child Income	Example(s)
• Earnings from work	• A child has a job where they earn a salary or wages.
• Social Security <ul style="list-style-type: none">◦ Disability Payments◦ Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits. • A parent is disabled, retired, or deceased, and their child receives social security benefits.
• Income from persons <i>outside</i> the household	• A friend or extended family member <i>regularly</i> gives a child spending money.
• Income from any other source	• A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include **all** members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Do **not** include people who:

- Live with you but are not supported by your household's income **and** do not contribute income to your household.
- Children and students already listed in Step 1.

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income** ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

B) List Adult Household member's name. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” **Do not list any household members you listed in STEP 1.** If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed?

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from Public Assistance/Child Support/Alimony/SSI/VA Benefits. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Public Assistance/Child Support/Alimony/SSI/VA Benefits” field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported here. Informal but regular payments should be reported as “other” income in the next part.

E) Report income from Pensions/Retirement/Social Security/All other income. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Pensions/Retirement/Social Security, Other Income” field on the application.

F) Special Situations. For seasonal workers and others whose income fluctuates and usually earn more money in some months than others. In these situations, project the annual rate of income and report that. This includes workers with annual employment contracts but may choose to have salaries paid over a shorter period of time. This includes school employees.

G) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.

H) Provide the last four digits of your Social Security Number. The household’s primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. **You are eligible to apply for benefits even if you do not have a Social Security Number.** If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Child Support /Alimony	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker’s compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran’s benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment income Earned interest Rental income <i>Regular</i> cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

A) Provide your contact information. Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Sign and print your name. Print your name in the box “Printed name of adult completing the form.” And sign your name in the box “Signature of adult completing the form.”

C) Write Today’s Date. In the space provided, write today’s date in the box.

D) Share children’s Racial and Ethnic Identities (optional). On the back of the application, we ask you to share information about your children’s race and ethnicity. **This field is optional and does not affect your children’s eligibility for free or reduced price school meals.**

2015-2016 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1

List ALL infants, children, and students up to and including grade 12 who are Household Members

(If more spaces are required for additional names, attach another sheet of paper.)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Child's First Name	MI	Child's Last Name	School the Child Attends or NA if not in school	Foster Child	Homeless, Migrant, Runaway	Head Start
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2

Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FDIPIR?

Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

Program Name:

Note: Do not include BadgerCare in Step 2

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all infants, children and students up to and including grade 12 of all Household Members listed in STEP 1 here.

Child income
\$

How often?

Weekly

Bi-Weekly

2x Month

Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

C. Earnings from Work

Name of Adult Household Members (First and Last)

\$

How often?

Weekly

Bi-Weekly

2x Month

Monthly

D. Public Assistance/ Child Support/ Alimony/SSI/VA Benefits

\$

How often?

Weekly

Bi-Weekly

2x Month

Monthly

E. Pensions/Retirement/ Social Security, Other Income

\$

How often?

Weekly

Bi-Weekly

2x Month

Monthly

F. Special Situations

Seasonal Workers, Annual contract paid over a shorter period of time (school employees), fluctuating income. Annualize income and report here.

\$

G. Total Household Members (Children and Adults)

H. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X

X

X

X

X

X

Check if no SSN ☐

STEP 4

Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

Printed name of adult completing the form

Signature of adult completing the form

Today's date

OPTIONAL**Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check one or more):

- ☐ White ☐ American Indian or Alaskan Native ☐ Black or African American
☐ Asian ☐ Native Hawaiian or Other Pacific Islander

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or

in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

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

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: _____ Income Eligibility: Free___ Reduced___ Denied___

Date Withdrawn: _____ Reason for denial or withdrawal: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____