

North Cape School District

Home of the Vikings

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Franksville, WI 53126
Phone: 262-835-4069
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www.northcape.k12.wi.us

Dear Parents/Guardians of Current North Cape Students,

Registration for the 2024-2025 school year will be open through May 20th. The following pages are located on the North Cape School website [Additional Registration Forms](#) for parents to print and fill out in advance. Some of these items will not apply to everyone. Please read the description of each, print, fill out and return the items that apply to your child(ren). You may return your registration forms to the school office between 7:30 a.m. – 4:00 p.m., scan and email them to Melissa Holden at MHolden@northcape.k12.wi.us, or please feel free to return your forms by mail.

STUDENTS WILL NEED THE FOLLOWING TO REGISTER:

- **Registration form**
- **\$30.00 Registration fee and any outstanding fees**

THE FOLLOWING FORMS SHOULD BE RETURNED IF THEY PERTAIN TO YOUR FAMILY:

- **Immunization Record** – if you have had any new immunizations
- **Waiver and Release of Claims** - 5th – 8th graders who will play sports
- **Alternative Bus Stop** - If your child gets picked up or dropped off by the bus any place other than home.
- **Sharing Information** - If you want to share information with another person (ex-spouse, grandparents, stepparent) about your student's grades, school activities, etc.
- **Koss UR10i Headphone Order**
- **Gym Uniforms** - for grades 5th – 8th

Other items for your reference are:

- North Cape Website Information
- North Cape School's Calendar for 2024-2025
- Pupil Transportation Handbook, one for 1st-8th grade, one for 4K-5K
- Student Expectations for grades 4K-8th
- Supply Lists for all Grades
- Meningococcal Disease Information – 6th-8th grade students
- North Cape School's policies regarding Internet usage: Acceptable Use of Technology
 - Policy #363.2; 363.2-Rule

Checks should be made out to North Cape School District. Registration fees: \$30.00

Lunch checks should be made out to Raymond Consortium.

If you need financial assistance, please contact the office.

If you have any questions regarding registration, please feel free to contact Melissa Holden, Administrative Assistant at 262-835-4069.

Thank you.

**NORTH CAPE SCHOOL
2024-2025 SCHOOL YEAR
CURRENT STUDENT REGISTRATION FORM**

STUDENT INFORMATION

Student's Legal Name: _____ Gender: _____ Male _____ Female
(Last, First, Middle)

*Date of Birth: _____ Student's Nickname: _____ 23-24 Grade Level: _____

Address: _____ City, State, Zip: _____

City & State of Student's Birth: _____ County of Student's Birth: _____

Student's Language Spoken at Home: _____

Student's Race/Ethnicity (for statistical purposes only – state proficiency test requires this information)

1. Is this student Hispanic or Latino? _____ Yes _____ No
2. Select one or more of the following categories that apply to this student.
_____ American Indian or Alaskan Native _____ Black or African American _____ Asian
_____ Native Hawaiian or Other Public Islander _____ White

PARENT INFORMATION

Mother's Name: _____ Email: _____
(Last, First, Middle)

Address: _____ City, State, Zip: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Employer: _____ Occupation: _____

City/State of Employer: _____ Mother's Language Spoken at Home: _____

Father's Name: _____ Email: _____
(Last, First, Middle)

Address: _____ City, State, Zip: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Employer: _____ Occupation: _____

City/State of Employer: _____ Father's Language Spoken at Home: _____

Student lives with:

_____ Both Mom and Dad _____ Joint Custody (# Days w/Mom _____ # Days w/Dad _____)

_____ Guardian (Name and Relationship to Student: _____)

Additional Comments: _____

**Please Note: You need to provide the office with legal documentation if a parental guardian is not allowed any contact with your child.*

(See Reverse for More)

(If different than Mother and Father)

Guardian's Name: _____ Email: _____
(Last, First, Middle)

Relationship: _____

Address: _____ City, State, Zip: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Employer: _____ Occupation: _____

City/State of Employer: _____ Guardian's Language Spoken at Home: _____

Other Adult (stepfather, stepmother, boyfriend or girlfriend that lives in the home with the student):

_____ Email: _____
(Last, First, Middle)

Relationship: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Employer: _____ Occupation: _____

Other Adult's Language Spoken at Home: _____

EMERGENCY CONTACT INFORMATION

*List in order of priority. Must have at least 2 emergency contacts.

Contact #1 (other than parent)

Contact #2 (other than parent)

Full Name: _____

Full Name: _____

Relationship to Student: _____

Relationship to Student: _____

Home Phone #: _____

Home Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

MEDICAL INFORMATION

Family Physician Name: _____ Family Physician Phone #: _____

Name of Hospital Preferred: _____ Hospital Address/City: _____

Do any of the following medical conditions apply to the student?

_____ Asthma _____ Allergies (list below w/treatment) _____ Heart Disease

_____ Other (please list w/treatment) _____

Any Health Concerns the Teacher should know about? _____

Any Educational Concerns the Teacher should know about? _____

PARENT/STUDENT HANDBOOK ACKNOWLEDGEMENT

The Parent/Student Handbook is available on the North Cape School website. Please review the handbook on the website or request a copy from the school office. [Parent/Student Handbook](#)

ACKNOWLEDGEMENT OF ACCEPTABLE USE OF TECHNOLOGY RULES

I have read the district's Student Acceptable Use of Technology Rules. I understand that any violation of these rules may result in disciplinary action. Examples of possible consequences for improper use of technology include the following: 1. Suspension, restriction, or revocation of the privilege of use of district technology resources. 2. The imposition of academic consequences for academic-related violations. 3. Suspension and/or expulsion from school. 4. Referral to law enforcement. [Acceptable Use of Technology](#)

CHROMEBOOK STUDENT/PARENT/TEACHER CONTRACT

I have read the district's Student/Parent/Teacher Chromebook Contract. In order to use the Chromebook for required class activities, students must be responsible for adhering to these rules and policies at all times. I understand that any violation of these rules may result in loss of the device and/or void the warranty. [Chromebook Contract](#)

CELL PHONE ACKNOWLEDGEMENT

I have read the Cell Phone Release and agree that the device is to be turned off upon entering the school premises and placed in your backpack/locker. If the cellphone is not turned off while on the school premises and not put in the backpack/locker, the school staff/administration will confiscate the cell phone and a parent/legal guardian will need to make arrangements to pick it up. [Cell Phone Acknowledgement](#)

HOME LANGUAGE SURVEY

In order for all students to receive the educational services that they need, the law requires us to ask questions about students' language backgrounds. The answers will assist staff in determining whether a student's proficiency in English needs to be evaluated, and assist in communicating with the home. This only will be used for school purposes.

1. What is the primary language spoken in the student's home, regardless of the language(s) spoken by the student? _____ English _____ Other (please specify) _____
2. What language did your child first learn? _____ English _____ Other (please specify) _____
3. What is the primary language that you use when speaking to your child? _____ English _____ Other (please specify) _____
4. What is the language most often spoken by your child when not at school? _____ English _____ Other (please specify) _____
5. Is there an adult in your home who can read and understand English? _____ Yes _____ No
If not, what language(s) can be read and understood? _____
6. When different options are available, in what language would you prefer to receive information from school?
_____ English _____ Other (please specify) _____

If you have questions about this survey, please contact Mrs. Anna Vos, Interventionist/Literacy – 262-835-4069 x112.

ACTIVE PARENT IN MILITARY

1. Is either parent or guardian on active duty in the military? _____ Yes _____ No
2. Is either parent or guardian a traditional member of the Guard or Reserve? _____ Yes _____ No
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? _____ Yes _____ No

DIRECTORY DATA OPT-OUT

Please complete ONLY if you wish to withhold any directory data.

I do not want the North Cape School District to disclose "directory data" as checked below without prior consent from parent, legal guardian, guardian ad litem.

- _____ Student Name _____ Month & Day of Birth _____ Grade Level in School
- _____ Dates of Attendance (not including daily attendance records) _____ Participation in Activities & Sports
- _____ Weight and Height (Athletic Team Members Only) _____ School Recently/Previously Attended
- _____ Recorded Images of the student that are not being maintained by the district for a separate purpose as a behavioral record.
- _____ Awards, Honors and recognitions received by the student

_____ I wish to opt out of the disclosure of my child's student directory data in response to all third party (i.e., non-school) requests. However, my child's directory data may be used and disclosed in connection with school-sponsored activities and school-sponsored publications and communications (such as yearbooks, printed activity programs, newsletters, etc.).

STUDENT/PARENT/GUARDIAN SIGNATURE

All information given is correct and accurate to the best of my knowledge. I have read and discussed with my child (where applicable) all of the above and understand and agree to follow the guidelines as set forth.

PARENT AND STUDENT MUST SIGN AND DATE.

Parent/Guardian Signature

Date

Student Signature

Date