Primary School

601 Marcks Lane Luxemburg, WI 54217

Intermediate School 318 N. Main Street Luxemburg, WI 54217

STUDENT REGISTRATION FORM

Luxemburg-Casco School District

District Office 318 N. Main Street Luxemburg, WI 54217

Middle School

512 Center Drive Luxemburg, WI 54217

High School 512 Center Drive Luxemburg, WI 54217

STUI	DENT INFORMATION
	School Start Date
Last Name:	First Name: MI:
Grade Entering: Gender: Male	e 🗌 Female 🗌 Nonbinary Date of Birth:
Address:	City: Zip Code:
Place of Birth: City:	County: State:
	Ethnicity
Is this student Hispanic or Latino (Choose only one)	Is this student (choose one or more. You must select at least one)
☐ No, not Hispanic or Latino	American Indian or Alaska Native Asian
Yes, Hispanic or Latino	☐ Native Hawaiian or other Pacific Islander ☐ White
	Black or African American
	EGAL GUARDIAN INFORMATION
Legal Parent/Legal Guardian 1:	Legal Parent/Legal Guardian 2:
Last Name:	
First Name:	First Name:
Relationship to Student:	Relationship to Student:
Home Phone #:	Home Phone #:
Cell Phone #:	Cell Phone #:
Work Phone #:	Work Phone #:
Email Address:	Email Address:
Address:	Address:
City:Zip:	
Employer:	Employer:
Marital Status: Single Married Divorced	Marital Status: Single Married Divorced
Separated Remarried	Separated Remarried
Does this child live with you: Yes No	Does this child live with you: Yes No
If Yes, Sole Custody Shared Custody	If Yes , Sole Custody Shared Custody

Please list siblings in the L-C School District & any younger non-school aged siblings

Sibling Name		Gender (M/F)	Age	Grade
Please list previous school of attendance if	other than L-C:			
Address:		City:		
State:			Phone #:	
Does your child have vision difficulties?	Yes □ No	Does your child hav	ve speech diffic	culties? Yes No
Does your child have hearing difficulties?				t will need to be dispensed
,		at school? Yes		a will need to be dispensed
			annonide anties arms and formal	
	EMERGENCY	INFORMATION		
Please list any medical conditions we sho	uld be aware of:			
Medical Alert 1:		Medical Alert 2:		
Does your child have allergies? Yes	No If Yes , what are			
Does your child require an Epipen? Tyes	☐ No			
	EMERGENO	Y CONTACTS		100 (100 pt)
Plea		er than parent/guard	ian	
1 st Contact		2 nd Contact		
Last Name:		Last Name:		
First Name:		First Name:		
Work #:		Work #:	70 E	
Home #:		Home #:		
Cell #:		Cell #:		
Relationship to student:		Relationship to stud	dent:	

be used for determining legal status or for immigration purposes. If you child is identified as eligible for English Language services, you may decline some or all of the services offered to your child. PLEASE ANSWER THE QUESTIONS BELOW. Was the first language used by this child English Yes No When at home, does this student hear or speak a language other than English more than half of the time? Yes No If Yes, what language? _____ Parent/Guardian preference for languages used for school communication (may be multiple): Parent/Guardian Name: _____ Parent/Guardian Name: Orally spoken Language: Orally spoken Language: _____ Written Language: Written Language: IMPORTANT Please fill out all information below MILITARY INFORMATION **Special Education** Did this student receive Special Education services at their Is either parent/guardian on active duty? Yes No previous school? Yes No Is either parent/guardian a traditional member of the Guard Does this child have an active IEP Yes No or Reserve? Yes No For Primary School Students (Grades EC - 2) Is either parent/guardian a member of the Active Did this student receive Title 1 reading services at their previous school? Yes No Guard/Reserve (AGR)? Yes No Is either parent/guardian under Title 10 or full time National Did this student participate in an Early Childhood Program at their previous school? Yes No Guard under Title 32? Yes No If Yes, name and location: For High School Students (Grades 9 – 12) Did this student participate in any WIAA sports at their previous school? Yes No Parent Signature: FOR STAFF USE ONLY Birth Certificate Verification Yes No Proof of Guardianship Yes No Proof of Residency Obtained Yes No Notes:

The following information helps identify students who may require help developing English Language skills necessary for success in school. Testing may be necessary to determine if language supports are needed for your child. Answers **will not**

Escuela Primaria

601 Marcks Lane Luxemburg, WI 54217

Escuela Intermedia 318 N. Main Street Luxemburg, WI 54217

FORMULARIO DE INSCRIPCION DE ESTUDIANTES

Distrito Escolar Luxemburg-Casco

Oficina del Distrito 318 N. Main Street Luxemburg, WI 54217 Escuela Secundaria

512 Center Drive Luxemburg, WI 54217

Escuela Preparatoria 512 Center Drive Luxemburg, WI 54217

INFORMACION DEL ESTUDIANTE Fecha de comienzo: Apellido: ______ Nombre: ______ SN: _____ Grado entrante: _____ Genero: Masculino Femenino No binario Fecha de nacimiento: _____ Dirección: _____ Ciudad: _____ Código postal: _____ Condado: Estado: _____ Lugar de nacimiento: Ciudad:____ **Etnicidad** ¿Este estudiante es Hispano o Latino? (Elija solo una) ¿Es este estudiante? (Elija uno o más. Debe seleccionar al menos uno) No, no es Hispano o Latino Indio Americano o Nativo de Alaska Asiático Si, Hispano o Latino Nativo de Hawai u otra isla del Pacífico Blanco Negro o Afroamericano INFORMACIÓN LEGAL DEL PADRE/TUTOR LEGAL

INFORMACION LEGAL
Padre legal/tutor legal 1:
Apellido:
Nombre:
Relación con el estudiante:
de casa:
de celular:
de trabajo:
Correo electrónico:
Dirección:
Ciudad:Código postal:
Empleador:
Estado civil: Soltero Ca <mark>sado Divorciado</mark>
Separado Volvió a casar
¿Vive este niño contigo?: ☐ Si ☐ No
Si es así, Custodia completa Comparte custodia

Padre legal/tutor legal 2:
Apellido:
Nombre:
Relación con el estudiante:
de casa:
de celular:
de trabajo:
Correo electrónico:
Dirección:
Ciudad:Código postal:
Empleador:
Estado civil: Soltero Casado Divorciado
Separado Volvió a casar
¿Vive este niño contigo?: Si No
Si es así, Custodia completa Comparte custodia

Por favor, indique los hermanos en el Distrito Escolar de LC y cualquier hermano menor que no esté en edad escolar.

Nombre del hermano	Genero (M/F)	Edad	Grado
Por favor indique la escuela a la que asistió anteriormente	-		
	Ciudad:		
Estado: Código Posta	al:	# de telefono:_	_
¿Su hijo tiene dificultades de visión? Si No	¿Su hijo tiene difici	ultades para ha	blar? □ Si □ No
¿Su hijo tiene dificultades auditivas? Si No			nentos que deberán ser
esa inje tiene amountades additivas et ive	dispensados en la e	4 / / <u>A</u>	
INFORMACI	ON DE EMERGENCIA		
Enumere cualquier condición médica que debamos tener	en cuenta:		
Alerta Medica 1:	Alerta Medica 2:		
¿Su hijo tiene alergias? Si No Si es así, ¿Cu	ál es la naturaleza de las a	alergias?	
¿Su hijo requiere un Epi-pen? 🔲 Si 🔲 No			
	OS DE EMERGENCIA		
Por favor indique los contac	ctos que no sean los pad	res/tutores	
1 ^{er} Contacto	2 ^{ndo} Contacto		
Apellido:	Apellido:		
Nombre:	Nombre:		
# del trabajo	# del trabajo:		
# de casa:	# de casa:		
# de celular:	# de celular:		
Relación con el estudiante:	Relación con el est	udiante:	

La siguiente información ayuda a identificar a los estudiantes que pueden necesitar ayuda para desarrollar las habilidades del idioma inglés necesarias para tener éxito en la escuela. Es posible que se necesiten pruebas para determinar si su hijo necesita apoyos lingüísticos. Las respuestas no se utilizarán para determinar el estatus legal ni para fines de inmigración. Si su hijo es identificado como elegible para los servicios de idioma inglés, puede rechazar algunos o todos los servicios ofrecidos a su hijo. POR FAVOR RESPONDA LAS PREGUNTAS A CONTINUACIÓN.

¿Fue el primer idioma utilizado por este niño inglés? [Si [No
Cuando está en casa, ¿este estudiante escucha o habla un idio	oma que <u>no sea inglés</u> más de la mitad del tiempo? Si No
Si es así, ¿qué idioma?	
Preferencia de los padres/tutores por los idiomas utilizados	para la comunicación escolar (pueden ser múltiples):
Nombre del padre/tutor:	Nombre del padre/tutor:
Idioma oral:	Idioma oral:
Idioma escrito:	Idioma escrito:
IMPORTANTE: Por favor complete toda la información a continuación	INFORMACION MILITAR
Educación Especial ¿Recibió este estudiante servicios de Educación Especial en su escuela anterior? Si No ¿Esta niña tiene un IEP activo? Si No	¿Alguno de los padres/tutor está en servicio activo? Si No ¿Alguno de los padres/tutor es un miembro tradicional de la
Para estudiantes de la escuela primaria (Grados EC – 2) ¿Recibió este estudiante servicios de lectura de Título 1 en su escuela anterior? Si No	Guardia o de la Reserva? Si No ¿Alguno de los padres/tutor es miembro de la Guardia Activa/Reserva (AGR)? Si No
¿Este estudiante participó en un Programa de Primera Infancia en su escuela anterior? Si No Si es así, nombre y localización:	¿Está alguno de los padres/tutores bajo el Título 10 o la Guardia Nacional de tiempo completo bajo el Título 32?
Para estudiantes de la escuela preparatoria (Grados 9 – 12) ¿Este estudiante participó en algún deporte WIAA en su escuela anterior? Si No	
Firma del padre:	Fecha:
SOLO PARA USO	O DEL PERSONAL
Birth Certificate Verification Yes No Proof of Residency Obtained Yes No	Proof of Guardianship Yes No
Notes:	



Proof of Residency

The following information outlines the requirements for establishing proof of residency for those interested in enrolling their child(ren) in to the Luxemburg-Casco School District.

Under Wisconsin State Statue 121.77, only students who are legal residents of the Luxemburg-Casco School District are eligible to attend its schools without paying tuition. If residency is not properly established and false information is provided, the parent or guardian will be responsible for paying tuition costs for the current school year, or the child(ren)'s admission will be revoked.

Student's Info	ormation:				
Student's Nam	e			Date of Birth	Grade
Address					
City		ate	Zip	Phone	
Parent/Guardi	an Name			Relationship to Stud	ent
Signature of Pa	arent/Guardian			 Date	
<u>Two</u> residency	documents are required to establis	h resider	ncy in the dis	trict.	
0	Current Year Property Tax Statem	ent			
0	Current Month Mortgage Stateme				
0	Current Lease Agreement (must in contact information, and effective			anager's name, addr	ess, phone number, your
0	Current Utility Bill				
0	Current Pay Stub				
FOR OFFICE USE	ONLY: Residency approved: Ye	es No	o Da	nte:	Initials:

2025-2026 SCHOOL FEES

Art - (One time yearly fee)	\$1	5.	00
Athletic Participation Fee	\$2	20.	00
Foods (Culinary) - (One time yearly fee)	\$1	5.	00
Graduation Fee - (Seniors only) (\$10 for Tassel only or \$25 for Cap & Tassel)	\$5	50.	00
Locker Cleaning Fee - (Only charged if previous year was left dirty)	\$1	0.	00
Lunch - (Per student meal) (\$15.00 per 5 day week)	\$	3.	10
Parking Permit - (Per year)	\$3	80.	00
Registration Fee -	\$6	60.	00
(Fee of \$35 plus \$25 for Tech 1 to 1 Insurance)			
Sports Lock - (Only needed if in sports)	\$	7.	00
Tech Ed Fee - Woods, Metals, Buildi	ng		
Construction, Fab Lab, Welding, Spartar	n M	ach	nining,
Outdoor Power, Spartan Automotive - (One time yearly fee)	\$1	5.	00

NON-PRESCRIPTION MEDICATION CONSENT FORM

Luxemburg-Casco School District ______school year

It is our goal at Luxemburg-Casco Schools to have all medication locked and protected from student
misuse. While we discourage the use of medication at school, we understand minor discomforts may
occur while your child is in attendance. We have a limited supply of the following over the counter
medications your child may need during school hours: Acetaminophen, Ibuprofen, cough drops,
antacid tablets (Tums), Benadryl tablets and cream. If your child takes any of these medications
frequently, we request that you bring a bottle from home to keep at school in the nurse's office.

I authorize trained Luxemburg-Casco school personnel to administer medication for my child. I agree to hold the School District and its employees acting within the scope of their duties harmless in any and all claims arising from the administration of medication at school. In lieu of an emergency in which I can not be reached, I give my authorization to contact our physician directly.

Name of student:			Grade:	
Parent/Guardian Name:			Date:	
Parent/Guardian Signature:				
Phone: Home	Cell		Work	
Physician Name:				
Clinic Name:		Clinic Phone:_		

This form must be completed and returned to enable your child to receive non-prescription medications supplied by the district for the school year.

For any questions regarding medication or health concerns, please contact your child's school nurse or certified medical assistant.

Primary School: Jennifer Hetrick CMA (920)845-2315 x208 jhetrick@luxcasco.k12.wi.us jhetrick@luxcasco.k12.wi.us

Luxemburg-Casco School District Student Usage Release Form 363.2-Exhibit/Rule

Parent/Guardian:

The Internet is a global network that provides people with access to a wide range of information from various places throughout the world. Each computer connected allows people to share messages, pictures, and data in ways never before possible. We believe that Internet access in the Luxemburg-Casco School District offers a constructive setting for all of our students to learn productive uses for this vast, diverse resource. Use of the Internet for educational projects will assist in preparing your child for success in the 21st Century.

Unfortunately, it is possible that your child may find material on the Internet that you would consider objectionable. The Luxemburg-Casco Internet Safety and Acceptable Use Policy (363.2) restricts access to material that is inappropriate in the school environment and we have installed filtering software to limit access to inappropriate material. However, no software is entirely effective in blocking access; therefore, we cannot guarantee that your child will not gain access to inappropriate material. There may be additional kinds of material on the Internet that are not in accord with the values of the Luxemburg-Casco School District or your family values. We would like to encourage you to use this as an opportunity to have a discussion with your child about your family values and your expectation about how these values should guide your child's activities while they are on the Internet.

The levels of access to the Internet provided to your child will vary according to the educational purposes needed and your child's age. The instructional practices and techniques used in the classroom are constantly changing to meet the demands and challenges of an ever changing global world. Therefore, administration and the system administrator reserve the right to terminate network/Internet privileges at any time for any reason.

As the parent/guardian of this student, I have read the Luxemburg-Casco Internet Safety and Acceptable Use Policy (363.2), the Acceptable Use Aggreement for Mobile Devices and related guidelines located on our website http://www.luxcasco.k12.wi.us on the Documents/Forms page which can be accessed on the left hand side of the District and school building home pages. I agree to assign the following rights to the Luxemburg-Casco School District. If no writing is submitted to the contrary, your signature agrees to the following:

- The Luxemburg-Casco School District may provide my child with Internet access and my child may use and access the Internet and related sites including classroom social media / social networking tools at school.
- I give the Luxemburg-Casco School District permission to use my child's image (photograph) with accompanying name for publications including online (e.g. District / School web site, award recognition, newsletters, etc.); however, the district will not use the student's image for any monetary gain.
- The Luxemburg-Casco School District may transmit "live or pre-recorded" media (e.g. voice, video, images, etc.) of my child over the Internet. (e.g. performances, class projects, etc.).
- The Luxemburg-Casco School District may post my child's class work on the Internet without infringing upon any
 copyright my child may own with respect to such class work.
- The Luxemburg-Casco School District will be providing my student with a Google account.

Student Name:	2
Parent/Guardian's Name:	
Parent/Guardian's Signature:	Date:

ONE TO WORLD

LUXEMBURG-CASCO SCHOOL DISTRICT



One to World

The Luxemburg-Casco One to World program fulfills the district's goal of providing each and every Spartan with equal access to modern resources that will be necessary to maximize learning. But One to World also allows our educators to reach students, and our students to reach the world, in ways that weren't possible before the rise of technology.

What does this mean for our High School students? Each High School student will receive their own Chromebook from the District. Students will use their Chromebook in class during the day, and they will be free to take it home each night to complete schoolwork. Students will be responsible for arriving to class with their Chromebook prepared for use each day based on their teachers' lesson plans. Use of the Chromebooks in class will be at the sole discretion of the teacher.

Receiving Your Chromebook

Students will not be given their Chromebook until the following requirements have been met:

- Fees are paid (see information in packet)
- Handbook Agreement below is signed

The One to World handbooks can be found at the links below. Read through the handbook and then sign below.

Student Handbook: https://bit.ly/3QkqtbI Parent Handbook: https://bit.ly/3UHplBD

I have read and agree to care for my Chromebook as outlined in the One to World Student Handbook.

Student Name (print):	
Student Signature:	
Parent Signature:	
Date:	

ONE TO WORLD

HANDBOOK

HIGH & MIDDLE SCHOOL PARENTS





LUXEMBURG-CASCO HIGH & MIDDLE SCHOOL

PARENT HANDBOOK

CHROMFBOOK FXPFCTATIONS & GUIDFLINES

Please read over the following information before agreeing to the expectations and responsibilities of the district-issued Chromebook.

High School Principal - Tyson Tlachac - ttlachac@luxcasco.k12.wi.us, ext. 401 Instructional Use

Middle School Principal - Todd Chandler - tchandler@luxcasco.k1.wi.us, ext. 301

Director of Operational Technology - Scott Waldow - swaldow@luxcasco.k12.wi.us, ext. 129

Technical Services

Network/Hardware Support Specialist - David Luckey - dluckey@lucasco.k12.wi.us, ext. 474

Acceptable

Use/Discipline

Dean of Students - Jenny Bandow - jbandow@luxcasco.k12.wi.us, ext. 419

RECEIVING & RETURNING THE CHROMEBOOK

Incoming 7th graders and sophomores will receive a new Chromebook before the start of the upcoming school year.

Incoming 8th graders, freshmen, juniors and seniors will be allowed to keep their Chromebook over the summer. Outgoing seniors will be required to turn in their Chromebook to the LMC prior to graduation.

Any student who transfers out of Luxemburg-Casco School District will be required to return their Chromebook and accessories to the LMC by their last day of enrollment. If a Chromebook and its accessories are not returned, the parent or guardian will be held responsible for the full price of the Chromebook. If payment is not received, a process similar to collecting outstanding school fees will be followed.

CHROMEBOOK USE & CARE

Students are responsible for their ethical and educational use of the technology resources of Luxemburg-Casco School District. All district policies and handbook expectations apply to the use of Chromebooks. Consequences for inappropriate use are outlined in the 7540.03 - Student Education Technology Acceptable Use and Safety policy. Students are responsible for bringing a fully-charged Chromebook to school each day for all classes unless advised not to do so by their teacher. Students will use their Google account login to access the Internet on the Chromebook. Students' Google Apps for Education suite of tools will be used for work production and saving online work. Chromebooks are the property of Luxemburg-Casco School District. Students should handle their device with care. The L-C High & Middle School Student Chromebook Handbook and the One to World website outline the general care of the Chromebook (carry in closed position, do not eat/drink near Chromebook, do not leave Chromebook unsupervised, etc.).

INTERNET SAFETY & ACCEPTABLE USE BOARD POLICY

7540.03 - Student Education Technology Acceptable Use and Safety policy applies to the Chromebook and its use.

PERSONAL CHROMEBOOKS

Personal Chromebooks are not allowed to be used unless specifically approved.

INTERNET SAFETY & NETWORK FILTERING

Students are encouraged to use the Chromebook at school and at home. Luxemburg-Casco School District uses a network filtering system as one means of protection for our students. A comprehensive approach including protection measures, monitoring and instruction is utilized in our school district. The district-issued student Chromebooks will have Internet filtering at school and at home to the extent it is possible with the tools in place within the school district & Google Apps for Education Administration. There may be times when the filtering tools may not work, may fail, or changes beyond the District's control may occur causing web filtering to not occur on the district-issued devices when they are not within the District. Parents and students are encouraged to report to their site administrator any complaints or concerns regarding student access or exposure to any content, activities, or communications that may be harmful, deceptive, or otherwise inappropriate or objectionable. It is recommended that a student's use of the Internet be monitored.

PROBATIONARY STUDENT PRIVILEGES

Luxemburg-Casco School District has an obligation to protect its assets. Probationary Status and/or other disciplinary action may be assigned to a student by building administration. Based on the criteria below and at the discretion of the building administration, some students may be required to turn in their Chromebooks to the LMC at the end of each day unless otherwise specified. A formal check-in and check-out process will take place to protect the equipment and

Updated: 6/23/25

document the process. Any student can be placed on probationary status, regardless of insurance, for multiple instances of damage to a Chromebook.

- Students who have violated the <u>7540.03 Student Education Technology Acceptable Use and Safety</u> policy during the current or previous semester.
- Students who have had multiple instances of accidental damage, intentional damage to a device, or unpaid repair/replacement fees.

DIGITAL CITIZENSHIP & CHROMEBOOK CARE / USE LESSONS

Lessons will be presented during Resource period the first week of school to establish and model expectations for educational use of Chromebooks. Proper care of Chromebooks to help minimize accidental damage will also be modeled for students. These lessons will be posted to the One to World website as well.

DEVICE WARRANTY INFORMATION

All Chromebooks are covered by the <u>manufacturer's warranty</u> for malfunction due to manufacturing or non-performance issues. The warranty does not cover damage that is determined (by the District) to be accidental, intentional, or the result of negligent use or treatment; nor does it cover outright loss or destruction of the Chromebook, power cord, battery, or protective case.

INSURANCE

Each student will pay an insurance fee as part of the Luxemburg-Casco School District registration process. This plan will cover the cost of the FIRST occurrence of accidental damage (as determined by the District) to a student's Chromebook for that school year. This insurance will cover to have the Chromebook repaired/replaced at no additional cost should accidental damage occur during the student's use.

Accidental drop/damage insurance includes the following benefits:

- Wide scope of accident protection
- Simplified replacement of your damaged system
- Peace of mind

Examples of unintentional damages covered by insurance may include, but are not limited to, the following:

- Drops, falls, and other collisions
- Electrical surge
- Damage or broken LCD due to drop/fall
- Accidental breakage (multiple pieces)

Damage caused by intentional acts (as determined by the District), fire, theft, or loss are not covered by this insurance. The power cord and protective cover are not covered by insurance. This insurance also does not include the cost of replacing a device that is not returned upon leaving the school. In the event of damage caused by water/liquid spillage, these instances will be considered intentional damage and covered at the expense of the person issued the chromebook.

The cost of insurance is \$25 for one academic year.

REPAIR PROCESS & REPAIR COSTS

All repairs are processed through Luxemburg-Casco School District. Students will bring their devices in need of repair to the L-C High School help desk located next to the main office. A loaner Chromebook may be provided as needed. A student needs to care for the loaner as he/she would for the device originally issued to him/her.

All costs not covered by the insurance policy will be assessed to the student and must be paid in full prior to the student taking possession of the repaired device. Unpaid balances will be handled in accordance with the District's fee collection procedures.

Chromebooks/Chromebook Protective cases with stickers adhered to them will be charged \$10 to replace the case and cover the cost of removal of the stickers.

Schedule of Repair Costs for 2025-26:

Description	Cost
Protective Cover	\$10.00
Power Cord	\$20.00
Keyboard	\$20.00
Screen	\$25.00
Sticker Removal	\$10.00
Device	\$298.00

LOST / STOLEN DEVICES

Students and parents/guardians are responsible for the cost of replacing lost or stolen Chromebooks. The cost of replacing a lost/stolen device for the 2025-2026 school year is \$298.00.