

# North Cape School District

## Home of the Vikings

11926 West Highway K  
Franksville, WI 53126  
Phone: 262-835-4069  
Fax: 262-835-2311  
[www.northcape.k12.wi.us](http://www.northcape.k12.wi.us)

Dear Parents/Guardians,

**Registration for the 2026-2027 school year will go 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 forms that apply to your child(ren). You may drop off your registration materials to the school office between the hours of 7:30 a.m. – 4:00 p.m., mail them to the school, or email them to Melissa Holden at MHolden@northcape.k12.wi.us.

### **NEW STUDENTS WILL NEED THE FOLLOWING TO REGISTER:**

- ***New Student Registration form.***
- ***Permission to Obtain and Release Confidential Information (previous school records)***
- ***Immunization Information.***
- ***Copy of Birth Certificate.***
- ***\$30.00 Registration fee***

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

- ***Waiver and Release of Claims*** - 5<sup>th</sup>-8<sup>th</sup> 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 5<sup>th</sup>-8<sup>th</sup>.

Other items for your reference are:

- *North Cape Website information*
- *North Cape School's Calendar for 2025-2026*
- *Pupil Transportation Handbook, one for 1<sup>st</sup>-8<sup>th</sup> grade, one for 4K-5K*
- *Student Expectations for grades 4K through 8<sup>th</sup>*
- *Supply lists for all grades*
- *Meningococcal Disease Information – 6<sup>th</sup>-8<sup>th</sup> 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. 262-835-4069.

Thank you.

**NORTH CAPE SCHOOL**  
**NEW STUDENT REGISTRATION FORM**  
**2026-2027**

**STUDENT INFORMATION**

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

\*Date of Birth: \_\_\_\_\_ Student's Nickname: \_\_\_\_\_ 25-26 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)**

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

#### Contact #2

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](#)

## CELL PHONE ACKNOWLEDGEMENT

**I have read the district's Cell Phone Policy.** I understand and agree that this device is to be turned off upon entering the school premises and placed in your backpack/locker. If the cell phone is not turned off while on the school premises and put in the backpack/locker, the school staff/administration will confiscate the cell phone. A parent or legal guardian will then need to make arrangements to pick up the cell phone in the school office. [Cell Phone Release](#)

## 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](#)

## 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(S) 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