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

STUDENT INFORMATION

School Start Date _____

Last Name: _____ First Name: _____ MI: _____

Grade Entering: _____ Gender: ☐ Male ☐ 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)

☐ No, not Hispanic or Latino

☐ Yes, Hispanic or Latino

Is this student (choose one or more. You must select at least one)

☐ American Indian or Alaska Native ☐ Asian

☐ Native Hawaiian or other Pacific Islander ☐ White

☐ Black or African American

LEGAL PARENT/LEGAL GUARDIAN INFORMATION

Legal Parent/Legal Guardian 1:

Last Name: _____

First Name: _____

Relationship to Student: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Email Address: _____

Address: _____

City: _____ Zip: _____

Employer: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Remarried

Does this child live with you: ☐ Yes ☐ No

If **Yes**, ☐ Sole Custody ☐ Shared Custody

Legal Parent/Legal Guardian 2:

Last Name: _____

First Name: _____

Relationship to Student: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Email Address: _____

Address: _____

City: _____ Zip: _____

Employer: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Remarried

Does this child live with you: ☐ Yes ☐ No

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: _____ Zip: _____ Phone #: _____

Does your child have vision difficulties? ☐ Yes ☐ No

Does your child have hearing difficulties? ☐ Yes ☐ No

Does your child have speech difficulties? ☐ Yes ☐ No

Is this child taking medication that will need to be dispensed at school? ☐ Yes ☐ No

EMERGENCY INFORMATION

Please list any medical conditions we should be aware of:

Medical Alert 1: _____ **Medical Alert 2:** _____

Does your child have allergies? ☐ Yes ☐ No If **Yes**, what are the nature of the allergies? _____

Does your child require an Epipen? ☐ Yes ☐ No

EMERGENCY CONTACTS

Please list contacts **other than parent/guardian**

1st Contact

Last Name: _____

First Name: _____

Work #: _____

Home #: _____

Cell #: _____

Relationship to student: _____

2nd Contact

Last Name: _____

First Name: _____

Work #: _____

Home #: _____

Cell #: _____

Relationship to student: _____

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*** *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: _____

FOR STAFF USE ONLY

Screen for English Proficiency ☐ Yes ☐ No Signature: _____

Date: _____

IMPORTANT Please fill out all information below

Special Education
Did this student receive Special Education services at their previous school? ☐ Yes ☐ No
Does this child have an active IEP ☐ Yes ☐ No

For Primary School Students (Grades EC – 2)
Did this student receive Title 1 reading services at their previous school? ☐ Yes ☐ No

Did this student participate in an Early Childhood Program at their previous school? ☐ 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

MILITARY INFORMATION

Is either parent/guardian on active duty? ☐ Yes ☐ No

Is either parent/guardian a traditional member of the Guard or Reserve? ☐ Yes ☐ No

Is either parent/guardian a member of the Active Guard/Reserve (AGR)? ☐ Yes ☐ No

Is either parent/guardian under Title 10 or full time National Guard under Title 32? ☐ Yes ☐ No

Parent Signature: _____ Date: _____

FOR STAFF USE ONLY

Birth Certificate Verification ☐ Yes ☐ No

Proof of Residency Obtained ☐ Yes ☐ No

Proof of Guardianship ☐ Yes ☐ No

Notes: _____

_____

_____

_____

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

INFORMACIÓN DEL ESTUDIANTE

Fecha de comienzo: _____

Apellido: _____ Nombre: _____ SN: _____

Grado entrante: _____ Genero: ☐ Masculino ☐ Femenino ☐ No binario Fecha de nacimiento: _____

Dirección: _____ Ciudad: _____ Código postal: _____

Lugar de nacimiento: Ciudad: _____ Condado: _____ Estado: _____

Ethnicity

¿Este estudiante es Hispano o Latino? (Elija solo una)

☐ No, no es Hispano o Latino

☐ Si, Hispano o Latino

¿Es este estudiante? (Elija uno o más. Debe seleccionar al menos uno)

☐ Indio Americano o Nativo de Alaska ☐ Asiático

☐ Nativo de Hawai u otra isla del Pacífico ☐ Blanco

☐ Negro o Afroamericano

INFORMACIÓN LEGAL DEL PADRE/TUTOR 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 ☐ Casado ☐ Divorciado ☐ 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 si no es L-C:_____

Dirección: _____ Ciudad:_____

Estado: _____ Código postal: _____ # de teléfono:_____

¿Su hijo tiene dificultades de visión? ☐ Si ☐ No

¿Su hijo tiene dificultades auditivas? ☐ Si ☐ No

¿Su hijo tiene dificultades para hablar? ☐ Si ☐ No

¿Este niño está tomando medicamentos que deberán ser dispensados en la escuela? ☐ Si ☐ No

INFORMACIÓN DE EMERGENCIA

Enumere cualquier condición médica que debamos tener en cuenta:

Alerta Medica 1:_____ **Medical Alert 2:**_____

¿Su hijo tiene alergias? ☐ Si ☐ No Si es así, ¿Cuál es la naturaleza de las alergias?_____

¿Su hijo requiere un Epi-pen? ☐ Si ☐ No

CONTACTOS DE EMERGENCIA

Por favor indique los contactos que no sean los padres/tutores

1er Contacto

Apellido:_____

Nombre:_____

de Trabajo:_____

De Casa:_____

De Celular:_____

Relación con el estudiante:_____

2ndo Contacto

Apellido:_____

Nombre:_____

de Trabajo:_____

De Casa:_____

De Celular:_____

Relación con el estudiante:_____

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 idioma que **no sea inglés** 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: _____

SOLO PARA USO DEL PERSONAL

Screen for English Proficiency ☐ Yes ☐ No Signature: _____

Date: _____

IMPORTANTE: Por favor complete toda la información a continuación

Educación Especial
¿Recibió este estudiante servicios de Educación Especial en su escuela anterior? ☐ Si ☐ No
¿Esta niña tiene un IEP activo? ☐ Si ☐ No

Para estudiantes de la escuela primaria (Grados EC – 2)
¿Recibió este estudiante servicios de lectura de Título 1 en su escuela anterior? ☐ Si ☐ No

¿Este estudiante participó en un Programa de Primera Infancia en su escuela anterior? ☐ Si ☐ No
Si es así, nombre y localización: _____

_____

Para estudiantes de la escuela preparatoria (Grados 9 – 12)
¿Este estudiante participó en algún deporte WIAA en su escuela anterior? ☐ Si ☐ No

INFORMACIÓN MILITAR

¿Alguno de los padres/tutor está en servicio activo? ☐ Si ☐ No

¿Alguno de los padres/tutor es un miembro tradicional de la Guardia o de la Reserva? ☐ Si ☐ No

Is either parent/guardian a member of the Active Guard/Reserve (AGR)? ☐ Si ☐ No

¿Está alguno de los padres/tutores bajo el Título 10 o la Guardia Nacional de tiempo completo bajo el Título 32? ☐ Si ☐ No

Firma del padre: _____ Fecha: _____

SOLO PARA USO DEL PERSONAL

Birth Certificate Verification ☐ Yes ☐ No Notes: _____

Proof of Residency Obtained ☐ Yes ☐ No _____

Proof of Guardianship ☐ Yes ☐ No _____

_____

Luxemburg-Casco
SCHOOL DISTRICT
WE ARE SPARTANS.

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 Information:

Student's Name _____ Date of Birth _____ Grade _____

Address _____

City _____ State _____ Zip _____ Phone _____

Parent/Guardian Name _____ Relationship to Student _____

"I certify that this student is a legal resident of the Luxemburg-Casco School District and that the information on this form is accurate and complete."

Signature of Parent/Guardian _____ Date _____

Two residency documents are required to establish residency in the district.

- ○ Current Year Property Tax Statement
- ○ Current Month Mortgage Statement
- ○ Current Lease Agreement (must include the property manager's name, address, phone number, your contact information, and effective start/end dates)
- ○ Current Utility Bill
- ○ Current Pay Stub

FOR OFFICE USE ONLY: Residency approved: Yes No Date:_____ Initials:_____

2026-2027 SCHOOL FEES

Art - (One time yearly fee)	$15.00
Athletic Participation Fee	$20.00
Foods (Culinary) - (One time yearly fee)	$15.00
Graduation Fee - (Seniors only)	$50.00
($23 for Tassel only or $35 for Cap & Tassel)	
Locker Cleaning Fee -	$10.00
(Only charged if previous year was left dirty)	
Lunch - (Per student meal)	$ 3.25
($16.25 per 5 day week)	
Parking Permit -	$30.00
($30 for full school year, $15 for 2nd semester only)	
Registration Fee -	$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, CAD, Building Construction, Fab Lab, Welding, Spartan Machining, Consumer Mechanics - (One time yearly fee)	$15.00

LCHS Course Request Form

STUDENT: Last Name_____ First Name:_____

Last name A-K - Ms. Palubicki is your counselor
jpalubicki@luxcasco.k12.wi.us
Last name L-Z - Mr. Wolske is your counselor
kwolske@luxcasco.k12.wi.us

Before making your course selections, refer to the course offerings in the Course Guide on the High School Webpage.
https://high.luxcasco.k12.wi.us/families/counseling-community-resources/counseling/hs-course-catalog

Instructions:

1) You must sign up for a minimum of 7 credits.
   (7 credits automatically give you a study hall, 8 credits you would not have a study hall)

2) When totalling your credits, make sure to count credits and not the number of classes.

3) Alternate Elective Courses are backups for 2nd choice options. Please choose four alternates and list them in order from 1st choice to last choice.

Students will need the following for graduation:

27 Total Credits including:
- 4 Credits English
- 3 Credits Math
- 3 Credits Science (0.5 cr. Chemistry & 0.5 cr. Physics)
- 3 Credits Social Studies (1 cr. US History, 0.5 credit of Civics in 11th or 12th grade)
- 1.5 Credits Phy Ed
- 0.5 Credit Health
- 0.5 Credit Personal Finance
- 11.5 Electives
- *+20 Hours Community Service*

**Please look at the next page to see the courses you are required to sign up for based on your next year grade level

R=Required, E=Elective, A=Alternate

Course #	Required Courses	Type	Credit
		Total Credits	

Preference	Course #	Elective Alternate Courses	Type	Credit
1			A	
2			A	
3			A	
4			A	

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
Intermediate School:	Jennifer Hetrick CMA (920)845-2371 x113	jhetrick@luxcasco.k12.wi.us
Middle School:	Gina Enderby RN (920)845-9525 x306	genderby@luxcasco.k12.wi.us
High School:	Gina Enderby RN (920)845-2336 x483	genderby@luxcasco.k12.wi.us

Updated 09/2019

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: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

The Luxemburg-Casco District Technology Committee will make decisions to address the educational needs of

Required Classes

*Please fill these in on the first page depending on what grade level you will be entering. As a reminder, these are required, unless you have already completed the class prior to enrolling at LCHS.

9th
English 9 (1cr)
Algebra (1cr)
Historical Global Studies or AP Human Geography (1cr)
Biology (1cr)
Physical Education 9 (0.5cr)
Health (0.5cr)

10th
English 10 (1cr)
Geometry (1cr)
U.S. History or AP US History (1cr)
Chemistry (1cr) **or** Physical Sci I (0.5cr) and Physical Sci II (0.5cr)
Physical Education (0.5cr)

11th
1 English credit (can choose from the course catalog)
1 Math credit (can choose from the course catalog)
1 Science credit (can choose from the course catalog)
Civics (0.5cr)
0.5 Social Studies credit (can choose from the course catalog)
Physical Education (0.5cr)

12th
If you are a new student enrolling into the 12th grade, please reach out to your counselor. Transcript will be needed to determine the requirements for senior year.

Course registrations are final. Once students make their requests, changes are not made. Therefore, students should **not** enroll in a course with the idea that if they do not like it, they will drop it.

When a student creates their request list, they are committed to completing that obligation. No dropping or adding of classes will be allowed except for the following reasons:

- A school error was made on the schedule
- A student fails a prerequisite course and is not eligible for a class
- Graduation is in jeopardy
- Teacher recommendation and administrative approval

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-04020L (05/2024)

STATE OF WISCONSIN
Wis. Stat. §§ 252.04 and 120.12 (16)

STUDENT IMMUNIZATION RECORD

Instructions to Parent: Complete and return to school within **30 days after admission**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

Step 1 **Personal Data** **Please Print**

Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year

Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, ZIP Code)	Phone Number

Step 2 **Immunization History**

List the **month, day, and year** your child received each of the following immunizations. If you do not have an immunization record for this student, contact your doctor or public health department to obtain it. You may also use the Wisconsin Immunization Registry: https://www.dhfswir.org/PR/clientSearch.do?language=en

Type of Vaccine*	First Dose MM/DD/YYYY	Second Dose MM/DD/YYYY	Third Dose MM/DD/YYYY	Fourth Dose MM/DD/YYYY	Fifth Dose MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) ☐ Tdap ☐ Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine					
Meningococcal (serogroup ACWY)					

Students with a reliable history of varicella disease are not required to receive the varicella vaccine. Signature from physician, physician assistant, or advanced nurse prescriber required.
☐ I attest that this student has a reliable history of varicella disease,

_____
SIGNATURE – Health Care Provider Date Signed

Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? Check all that apply.
☐ Varicella ☐ Measles ☐ Mumps ☐ Rubella ☐ Hepatitis B
If **yes**, provide laboratory report(s)

Step 3 **Requirements**

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

Step 4 **Compliance Data**

Student Meets All Requirements
Sign at Step 5 and return this form to school.

Or

Student Does Not Meet All Requirements

Check the appropriate box below, sign at Step 5, and return this form to school. **Please note that incompletely immunized students may be excluded from school if an outbreak of one of these diseases occurs**.

☐ Although my child has **not** received **all** the required doses of vaccine, the **first dose(s)** has/have been received. I understand that the **second dose(s)** must be received by the 90th school day after admission to school this year, and that the **third dose(s)** and **fourth dose(s)** if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

Note: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

Waivers (List in Step 2 above, the date(s) of any immunizations your child has already received)

☐ **For health reasons** this student should not receive the following immunizations _____

_____ _____
SIGNATURE – Physician Date Signed

☐ **For religious reasons,** I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap, ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella ☐ MenACWY

☐ **For personal conviction reasons,** I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella ☐ MenACWY

Step 5 **Signature**

This form is complete and accurate to the best of my knowledge. Check one: (**I do** ☐ **I do not** ☐) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

_____ _____
SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed

ONE TO WORLD

HANDBOOK

HIGH & MIDDLE SCHOOL PARENTS

LUXEMBURG-CASCO HIGH & MIDDLE SCHOOL

PARENT HANDBOOK

CHROMEBOOK EXPECTATIONS & GUIDELINES

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

Instructional Use	*High School Principal* - Tyson Tlachac - ttlachac@luxcasco.k12.wi.us, ext. 401 *Middle School Principal* - Todd Chandler - tchandler@luxcasco.k1.wi.us, ext. 301
Technical Services	*Director of Operational Technology* - Scott Waldow - swaldow@luxcasco.k12.wi.us, ext. 129 *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

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 **7540.03 - Student Education Technology Acceptable Use and Safety** 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 **manufacturer's warranty** 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 2026-27:

Dell Chromebooks	Cost
Protective Cover	$10.00
Power Cord	$10.00
Keyboard	$20.00
Screen	$25.00
Sticker Removal	$10.00
Device	$298.00

HP Chromebooks	Cost
Protective Cover	$15.00
Power Cord	$10.00
Keyboard	$51.00
Screen	$80.00
Sticker Removal	$10.00
Device	$345.00

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 2026-2027 school year is $298.00 for a Dell Chromebook and $345 for an HP Chromebook..

ONE TO WORLD

LUXEMBURG-CASCO SCHOOL DISTRICT

WE ARE SPARTANS

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: _____