WAUSAU SCHOOL DISTRICT
Longfellow Administration Center

415 Seymour Street • P.O. Box 359 • Wausau, Wisconsin 54402-0359 • 715-261-0500 • www.wausauschools.org
*Dr. Keith W. Hilts, Superintendent of Schools*

Welcome!

Thank you for choosing the Wausau School District for your child's educational journey! Parents and students alike are supported and encouraged by caring faculty and staff members. We stand ready to help you and your child(ren) with any questions you may have throughout the enrollment process and beyond.

Within this folder you will find several forms that need to be completed.

The District provides free transportation to students who live two or more miles from their home school. There may be other circumstances in which a free bus ride to school is available. First Student is the provider of our yellow school buses and Metro Ride, the City of Wausau public transportation system, also provides some student busing for the District.

Wausau School District is on social media! Please like us on Facebook, follow us on Twitter and Instagram -- search for **WausauSchDist** -- and please encourage your family and friends to like and follow, too. We are proud of our students, staff, schools, and programs and want to share our awesome happenings!

# Student Enrollment Form

Date & Time Received _____

School Name _____

ID Number _____

Home Attendance Zone _____

Entry Date _____

Withdrawn to _____

Withdrawn Date _____

Birth Verification _____

Today's Date _____ Child's Gender ☐ Male ☐ Female Child's Date of Birth (month/day/year) _____

Child's Full Legal Name (last, first, middle) _____ Grade _____

Child's Primary Address _____ City, State, Zip _____

Household Phone Number(s) _____

Child's Birthplace (City & State or Country) _____ Date first entered U.S. Schools _____

Has child ever registered under a different name? ☐ YES ☐ NO If yes, please provide full name: _____

School child most recently attended (Name, Address, City, State and Zip) _____

_____

Please check any special programs in which the child has participated:

☐ Special Education/IEP ☐ 504/At Risk ☐ ESL/ELL/EL ☐ Gifted/Talented

Has child ever been expelled from school? ☐ YES ☐ NO If yes, please provide date(s) _____

Has child ever been withdrawn from school to avoid expulsion proceedings? ☐ YES ☐ NO If yes, please provide date(s) _____

## RACE & ETHNICITY

Is the child Hispanic or Latino? ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Check one or more of the following categories that apply to this child:

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

Is a language other than English spoken in the home on a regular basis? ☐ YES ☐ NO If yes, what language? _____

Does the student use a language other than English on a regular basis? ☐ YES ☐ NO If yes, what language? _____

## MILITARY

Is either parent or guardian in the military? ☐ YES ☐ NO Branch _____

Is either parent or guardian on **ACTIVE DUTY** in the military? ☐ YES ☐ NO

Is either parent or guardian a traditional member of the Guard or Reserve? ☐ YES ☐ NO

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

Military start date _____ Military end date _____

***Please complete second page***

## FAMILY INFORMATION

Interpreter needed? ☐ YES ☐ NO Type _____

Is the child homeless? ☐ YES ☐ NO

Child presently living with (Please check all that apply):

☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Foster Mother ☐ Foster Father

☐ Guardian ☐ Adult Sibling ☐ Spouse ☐ Other _____

■ **Mother's Legal Name** _____

Receive mailings (i.e. Report Cards and Progress Reports)? ☐ YES ☐ NO

Mother's Primary Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

■ **Father's Legal Name** _____

Receive mailings (i.e. Report Cards and Progress Reports)? ☐ YES ☐ NO

Father's Primary Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

■ **Additional Contact Name** _____ **Relationship to Child** _____

Non-Emergency (Step-Parent, Foster Parent, Guardian)

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

■ **Additional Contact Name** _____ **Relationship to Child** _____

Non-Emergency (Step-Parent, Foster Parent, Guardian)

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

■ **Siblings living at same primary address as child**

Name _____ Date of Birth (month/day/year) _____ ☐ Male ☐ Female

Name _____ Date of Birth (month/day/year) _____ ☐ Male ☐ Female

Name _____ Date of Birth (month/day/year) _____ ☐ Male ☐ Female

Name _____ Date of Birth (month/day/year) _____ ☐ Male ☐ Female

## DIGITAL EQUITY

1. Can the student access the internet on their primary learning device at home? ☐ YES ☐ NO - Not Available ☐ NO - Not Affordable ☐ NO - Other _____

2. What is the primary type of internet service used at the residence?

☐ Residential Broadband (DSL, Cable, Fiber) ☐ Cellular Network ☐ Satellite ☐ Dial-up ☐ None

☐ Hot Spot (school provided hot spot or school provided service) ☐ Community Provided Wi-Fi ☐ Other ☐ Unknown

3. Can the student stream a video on their primary learning device without interruption? ☐ YES - No Issues ☐ YES - But Not Consistent ☐ NO

4. What device does the student most often use to complete school work at home?

☐ Desktop Computer ☐ Laptop Computer ☐ Tablet ☐ Chromebook ☐ Smartphone ☐ None ☐ Other

5. Who provided the primary learning device to the student? ☐ School ☐ Personal ☐ Other

6. Is the primary learning device shared with anyone else in the household?

☐ Personal-Dedicated ☐ Personal-Shared ☐ School Provided-Dedicated ☐ School Provided-Shared

☐ Shared ☐ Not Shared ☐ Unknown ☐ None

How did you hear about the Wausau School District? _____

Name of person completing this form _____ Relationship to child _____

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

# Emergency Contact
# Medical Information
# Field Trip Authorization

Student Name: _____ Date of Birth: _____ Gender: _____

Grade _____ School: _____

## Local Contact Person(s) If Parent/Guardian Cannot Be Reached

**Contact Person:** _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Employer & Work Phone: _____

**Contact Person:** _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Employer & Work Phone: _____

**Please specify any health conditions which may affect your child in school and identify medications your child is currently taking. The health information provided will be shared with the school staff in a confidential manner.**

Health Concerns: _____

Medications: _____

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

## My Child has Permission to Attend School-Sponsored Field Trips ☐ YES ☐ NO

## Authorization of Treatment During School Hours and on Field Trips ☐ YES ☐ NO

To Whom It May Concern: I authorize treatment by a licensed medical physician/dentist of the above minor in the event of a medical/dental emergency that, in the opinion of the attending physician/dentist, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. The authority granted is only to be exercised after reasonable efforts have been made to reach me if time so permits. If I cannot be reached, I authorize the school principal, teacher-certified CPR/first aid staff, or my designated contact person(s) to call or drive my child to the physician or dentist listed above, or the nearest hospital if emergency care is needed. An ambulance may be called if necessary. This release form is completed and signed of my own free will and is for the sole purpose of authorizing necessary medical treatment under emergency circumstances in my absence. **Special Accommodations:** Students with disabilities who need special accommodations to participate in activities should contact the school prior to activity date.

## Inclement Weather Instructions – Elementary Only

If school must be closed during the school day, we need to know what plans you have made for your child. It is difficult for students to telephone for instructions at these times. Please fill out the form below, **discuss the plan with your child**, and return the form to school. In the event of school closing during the day, my child should:

☐ Walk home as usual ☐ I will pick up my child ☐ Ride bus as always

☐ Other _____

Parent/Guardian Signature: _____ Date: _____

# Google Applications Permission Slip for Children 13 years of age and younger

Students in the Wausau School District are supplied with this resource--Google Apps for Education.

Google Apps is a set of online tools for communication, collaboration, time-management, and document storage provided by Google to the District at no cost. These tools include:

- Google Docs: a word processing, spreadsheet, presentation, and drawing program that allows multi-user access and editing
- Calendar: a customizable calendar and to-do list
- Contacts: an address book
- Gmail: a full functioning e-mail program
- Google continues to add new tools and the District will evaluate each for its educational potential

All of these tools are housed on the internet and can be accessed from any internet-connected computer with a web browser. Special software is not required.

Our primary reasons for supplying these tools to students are:

- To give our students practice in using current technology applications and tools
- To give students the ability to work on common, no-cost tools on their own documents both at school and outside of school
- To facilitate paperless transfer of work between students and teachers
- To provide adequate long-term storage space for student work
- To help students work collaboratively, engage in peer-editing of documents, and publish for a wider audience
- To provide a digital environment where our students and teachers can work collaboratively

There is also a cost savings to the District since less file storage space will need to be maintained.

All information stored and transmitted is private to the Wausau School District as agreed upon by Google and Wisconsin's Department of Administration.

Teachers will review our District's acceptable use policy and internet safety guidelines when they introduce these tools to students. Using online tools responsibly is an important part of the learning experience.

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For children 13 years of age and younger, we seek parental permission to use the resource--Google Apps for Education.

I give permission for my child: _____ to use a Google Apps for Education account supplied by the District.

_____ _____

Parent or Guardian Date

# Wisconsin Home Language Survey

Student Name (first, middle initial, last): _____

**District: Wausau School District** - School: _____ Grade: ____ Student ID: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Parent/Guardian Signature: _____

**PURPOSE**

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child. Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

**SECTION 1**

1. Was the first language used by this student English? ☐ YES ☐ NO
   Yes: Go to Question 2 No: Go to Question 3
2. When at home, does this student hear or use a language other than English more than half of the time? ☐ YES ☐ NO
   Yes: Go to Question 4 No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.
3. When at home, does this student hear or use a language other than English more than half of the time? ☐ YES ☐ NO
   Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2. No: Go to Question 4
4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time? ☐ YES ☐ NO
   Yes: Administer ELP Screener. Record other language(s). HLS is complete. Go to Section 2. No: Go to Question 5
5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time? ☐ YES ☐ NO
   Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2. No: Go to Question 6
6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time? ☐ YES ☐ NO
   Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2. No: Go to Question 7
7. Is this student a Native American, Native Alaskan, or Native Hawaiian? ☐ YES ☐ NO
   Yes: Go to Question 8 No: Go to Question 9
8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian? ☐ YES ☐ NO
   Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2. No: Go to Question 9
9. Has this student recently moved from another school district where they were identified as an English Learner? ☐ YES ☐ NO
   Yes: Rescreen the student if they meet the criteria for rescreening. See EL Policy Handbook.
   Otherwise, student's ELP should be carried over from the sending district.
   No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

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**SECTION 2**

HLS Result: ☐ **SCREEN** ☐ **DO NOT SCREEN** If screen, give copy to EL Resource Teacher.

Languages other than English used by student, if identified: _____

Parental preference for languages used for school communications (may be multiple):

Parent Name: _____ Oral Language: _____ Written Language: _____

Parent Name: _____ Oral Language: _____ Written Language: _____

Survey Administered By: _____ Position: _____ Date of Administration: _____

# Student Health Information

Today's Date: _____

Child's Name: _____ Date of Birth: _____ Gender: _____

Grade _____ School: _____

**Please place a check mark if your child has any of the following conditions and provide details under explanation.**

| ✓ | Condition | Explanation |
|---|---|---|
| | Allergy (ex. food, insect, drug, latex) | |
| | ADD/ADHD | |
| | Breathing problem/asthma | |
| | Bladder/bowel concern | |
| | Bleeding disorder | |
| | Bone/joint/muscle condition | |
| | Cancer | |
| | Concussion/head injury | |
| | Diabetes | |
| | Diet/eating concern | |
| | Headaches | |
| | Heart condition | |
| | Immunity concern | |
| | Mental health concern | |
| | Seizures/epilepsy | |
| | Skin condition | |
| | Stomach/intestinal condition | |
| | Surgery | |
| | Vision/hearing concern | |
| | Other health concerns | |
| | **NO HEALTH CONCERNS** | |

Please list child's current medications: _____

Will any medications be taken at school? ☐ YES ☐ NO
If yes, have Medication Administration Consent form completed by health care provider.

Please list any other information about your child that would be helpful to staff working with your child. _____

_____

Parent/Guardian Signature: _____ Relationship: _____

# Summary of Changes to Wisconsin 2023-2024 School Immunization Requirements for Local Health Departments, Schools, and Health Care Providers

The following information assists vaccinators, schools, and health partners with understanding the changes to chapter DHS 144, the administrative rule covering school vaccine entry requirements. The purpose of these changes is to bring Wisconsin closer in line to the Advisory Committee on Immunization Practices nationwide recommendations and in line with neighboring states' school requirements. Wisconsin state statue continues to permit waivers to vaccination for reasons of health, religious, or personal conviction.

Further information about school reporting requirements can be found on the Wisconsin Department of Health Services website.

**Comparison of Wisconsin school-required vaccines prior to the 2023-2024 school year compared to vaccine requirements starting in the 2023-2024 school year**

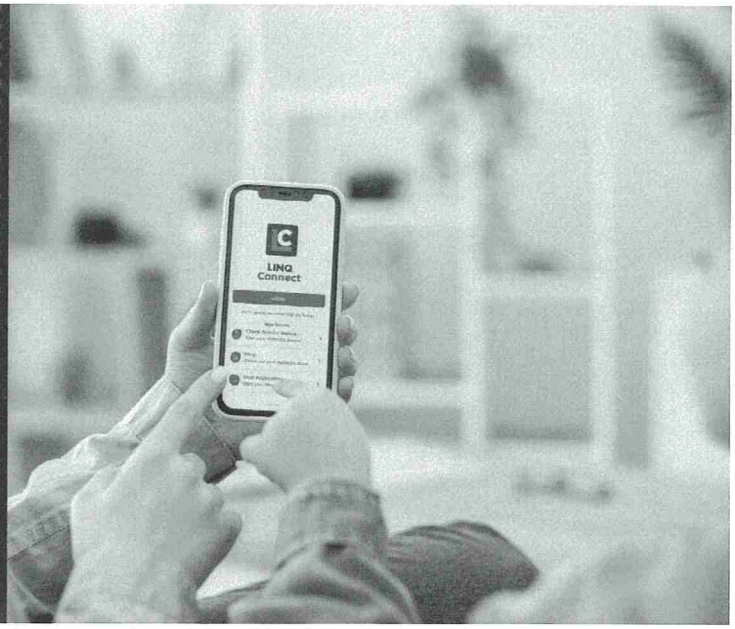
| Quick Guide | |
|---|---|
| **Previous requirements** | **School requirements starting in the 2023-2024 school year** |
| **For entry to kindergarten through sixth grades students need:**<br>• 4 doses of polio vaccine<br>• 3 doses of hepatitis B<br>• 4 doses of DTaP/DTP/DT/TD<br>• 2 doses of varicella (chicken pox),<br>• 2 doses of MMR<br>• 1 Tdap at sixth grade | **For entry to kindergarten through sixth grades students need:**<br>• 4 doses of polio vaccine<br>• 3 doses of hepatitis B<br>• 4 doses of DTaP/DTP/DT/TD<br>• 2 doses of varicella (chickenpox)*<br>• 2 doses of MMR<br><br>**For entry to 7-11th grades**<br>• 1 Tdap<br>• 1 MenACWY-containing vaccine<br><br>**For entry to 12th grade**<br>• 1 MenACWY-containing booster |

**Note:** Children must be up to date on all vaccines listed for previous grades. For example, if a seventh grader is missing a dose of hepatitis B, they'll need a catch-up dose of hepatitis B prior to seventh grade matriculation.

*Exceptions to the varicella vaccine requirement will be allowed in both child care centers and schools only if the child has had a case diagnosed by a qualified health care provider.

# Titan Family Portal is now

# LINQ Connect




### Easy Login

A centralized location to manage payments, view menus, set reminders and more!

### Sign-Up Free

The user-friendly portal makes signing up easy and quick.

### No More Hassle

No need to send cash to school. Easily make one-time or recurring payments.

### Resource Center

Find helpful guides and useful tools to help you set up payments for your student.

### Dashboards

Simple and interactive dashboards to view all your students in one place.

**Download the Free Mobile App or visit LINQConnect.com**

Google Play

Apple Store

LINQ

**First Student/Wausau School District**
**Yellow School Bus Application Form**
**Please select the year for which you are applying:**

☐ **Current School Year**

☐ **Upcoming School Year**

Wausau School District contracts with First Student to provide busing for home-to-school, co-curricular, and extra-curricular transportation.

First Student generally provides home-to-school transportation for these situations:

- Student resides more than two miles from their home school
- Student resides in an area identified in the District's Hazardous Transportation Plan
- Students with transportation identified in their Individualized Educational Program (IEP)

Please complete this application and return to First Student at 730 S. 17th Avenue, Wausau WI 54401 or to the Longfellow Administration Center at 415 Seymour Street, P.O. Box 359, Wausau WI 54402-0359 by **July 7, 2023, if applying for the 2023-2024 school year**. Applications received after this date may not be processed until after the new school year starts. When submitting an application during the school year, please allow up to five (5) business days to process.

All bus stop information is based on your home address. If your child needs to be picked up or dropped off at an address other than your home, you MUST complete a "Transportation to Accommodate Child Care Needs" form, which is available at First Student and the Longfellow Administration Center. Transportation forms may also be found on the Wausau School District website (www.wausauschools.org) or by calling First Student at 715-842-2268 or the Longfellow Administration Center at 715-261-0515.

| Student Name | Grade | School | Will Ride a.m. only | Will Ride p.m. only | Will Ride a.m. & p.m. |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

Parent/Guardian Name(s): _____

Home Address: _____
House Number, Apartment Number, Street Name, City, and Zip Code

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

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name: _____ Phone Number(s): _____

Part of our vision at First Student is to ensure that students have the best possible ride to and from school. To help us accomplish this, you may wish to provide special medical conditions/information about your child(ren) such as diabetes or allergic reactions to bee stings. Any information you provide will be kept confidential and shared only with your child(ren)'s driver and/or bus monitor. **It is the responsibility of the parent/guardian to notify First Student regarding any special medical condition.**

Name(s) of Child(ren) with medical condition(s): _____
Please describe special medical condition(s): _____
_____

730 S. 17th Avenue, Wausau, WI 54401
715-842-2268 or Email Wausau.Trips@firstgroup.com

# School Supply Lists 2023-2024

| ✓ | Early Childhood |
|---|---|
| | 1 - Backpack |
| | 4 - Glue Sticks (jumbo size prefered) |
| | 2 - Box of Tissues |
| | 1 - Extra change of clothes (label with name, place in clear plastic bag) |

| ✓ | 4K |
|---|---|
| | 1 - Backpack |
| | 4 - Glue Sticks (jumbo size prefered) |
| | 1 - Bottle of white glue (4 oz.) |
| | 1 - Box of Crayons (24) |
| | 2 - Box of markers (10 assorted colors) |
| | 4 - Playdough containers (any color) |
| | 2 - Watercolor sets, 8 count |
| | 2 - Box of Tissues |
| | 1 - Box of gallon sized zip closing bags |
| | 1 - Waterbottle (label with name) |
| | 1 - Extra change of clothes (label with name, place in clear plastic bag) |

## Kindergarten through 5th Grade

| ✓ | | Kindergarten | 1st Grade | 2nd Grade | 3rd Grade | 4th Grade | 5th Grade |
|---|---|---|---|---|---|---|---|
| | Backpack | 1 | 1 | 1 | 1 | 1 | 1 |
| | Pencil Box | 1 | 1 | 1 | 1 | 1 | 1 |
| | Glue Stick (2 PACK) | 5 | 4 | 2 | 2 | 2 | 1 |
| | Box of Crayons (24) | 2 | 2 | 1 | 1 | 1 | -- |
| | Colored Pencils (12 assorted colors) | 1 | 1 | 1 | 1 | 1 | 1 |
| | Pencils (Dozen) | 1 | 2 | 1 | 2 | 1 | 1 |
| | Pink Eraser | 1 | 2 | 3 | 1 | 2 | 1 |
| | Box of markers (10 assorted colors) | 2 | 2 | 1 | 1 | 1 | 1 |
| | Black Permanent Marker | -- | -- | -- | -- | -- | 1 |
| | Dry Erase Markers (4 pk) | 1 | 1 | 2 | 1 | 1 | 1 |
| | Highlighter (yellow) | -- | -- | 1 | 1 | 1 | 1 |
| | Pens - Black/Blue | -- | -- | -- | -- | 4 pens | 4 pens |
| | Pens - Red | -- | -- | -- | -- | 2 pens | 2 pens |
| | Scissors | 1 | 1 | 1 | 1 | 1 | 1 |
| | Ruler | -- | -- | 1 | -- | -- | 1 |
| | Post-It Notes (3x3 assorted colors) | -- | -- | -- | -- | 1 | 2 |
| | Folder-Two Pocket | 1 | 2 | 2 | 4 blue, red, green & yellow | 4 blue, red, green & yellow | 4 blue, red, green & yellow |
| | Spiral Notebook - Wide | -- | 1 | 2 | 4 blue, red, green & yellow | 4 blue, red, green & yellow | 4 blue, red, green & yellow |
| | Paper - Loose-Leaf, Wide | -- | -- | -- | 1 | 1 | 1 |
| | Composition Notebook | -- | -- | -- | 1 | 1 | 1 |
| | Box of Tissues | 2 | 2 | 2 | 2 | 2 | 2 |
| | School Glue | -- | -- | -- | -- | -- | -- |
| | Water Bottle | 1 | 1 | 1 | 1 | 1 | 1 |
| | Headphones | 1 | 1 | 1 | 1 | 1 | 1 |
| | | | | | | | |

# Horace Mann Middle School

| | 6TH GRADE | 7TH GRADE | 8TH GRADE |
|---|---|---|---|
| Boxes of Facial Tissues | 3 large boxes of Kleenex | 3 large boxes of Kleenex | 3 large boxes of Kleenex |
| Highlighters | 1 | 2 - different colors | 2 pack |
| #2 Pencils | 4 dozen | 4 dozen | 4 dozen |
| Pink Erasers | 2 | 1 (optional) | — |
| Index Cards | — | — | 3x5, lined (ELA) |
| Markers, Color | 1 pack | 1 pack (optional) | 1 pack |
| Glue Sticks | 2 (optional) | 5 (Science) | 5 |
| Colored Pencils | 1 pack | 1 pack | 1 pack |
| Pens - Red | — | 1 pack (optional) | — |
| Pens - Blue or Black | 4-5 pens | 1 pack (optional) | YES - Various Colors |
| Ruler | — | 12" ruler | — |
| Earbuds or Headphones | 1- keep at school not bluetooth | 1 - keep at school not bluetooth | 1 - keep at school not bluetooth |
| 2-Pocket Folders | 7 - any color | 3 - any color | 6 - any color OR accordion |
| 1-Subject Notebooks | 1 | 3 | 6<br>2 red, 2 blue, 2 green |
| Composition Notebook | — | 1 (ELA) | — |
| 3-Ring Binders - 1" | — | 1 (Geography & ELA) | — |
| 3-Ring Binders - 2" | — | — | 1 (ELA) |
| Dividers for 3-Ring Binders | — | 2 packs of 5 (Geography & ELA) | 1 pack of 8 |
| Loose-Leaf Paper | — | 1 pack (wide-rule) | 1 pack (wide-rule) |
| Ziploc Quart Bags | — | — | 1 Box |
| Calculator | — | — | Texas Instruments TJI-30XIIS (optional) |
| Scissors | 1 (optional) | 1 | 1 |
| Pencil bag or box | 1 | 1 | 1 |
| Post-It Notes | 1 pack (ELA) | — | 3 pack 1-1/2x2 (ELA) |
| Pencil Sharpener | 1 | — | — |
| Dry Erase Markers | — | — | 2 (Spanish) |

Spanish: Folder and Notebook

French: Folder or Brinder and Notebook

German: Tear-out Notebook (not spiral) and 1" Binder

**Students will be notified the first week of school of additional materials required by teams or teachers.**

**Buy supplies now (especially pencils and notebooks) while they're on sale and keep the extras at home until needed.**

rev. 7-10-2023

# John Muir Middle School

| | 6TH GRADE | 7TH GRADE | 8TH GRADE |
|---|---|---|---|
| Boxes of Facial Tissues | 3 large boxes | 3 large boxes | 3 large boxes |
| Highlighters | Yes | Yes | Yes |
| #2 Pencils | 2 doz. sharp/semester<br>5 wooden - for Art only | 3 dozen/semester<br>5 wooden - for Art only | 2 dozen<br>5 wooden - for Art only |
| Pink Erasers | 2 for Art only | 2 for Art only | 2 for Art only |
| 3x5 Index Cards, lined | No | No | 1 - 100 pack |
| Markers, Color | 1 Pack | Optional | Yes |
| Black Ultra Fine Tip Sharpies | 2 - Social Studies | No | 2 - Social Science |
| Dry-erase markers | 2 | No | 2 - Math |
| Glue Sticks | 2 Large | 3 Large | 4 Large |
| Colored Pencils | Yes | Yes | Yes |
| Pens - Red | No | Optional | No |
| Pens - Blue or Black | No Pens (Pencils Only) | Optional | Yes |
| Ruler | No | No | Yes - metric and standard |
| Earbuds or Headphones | Yes | Yes | Yes |
| Sturdy Plastic Accordion Filing System w/ 8 dividers; OR Large 3-Ring Binder w/ 6-8 Hole-Punched Folders | Yes | Optional | Optional |
| Pocket Folders | 1 - Music; 1 - Math | 1 per class minimum (6) | 1 per class minimum (6-8) |
| Spiral Notebooks | 1 per class minimum (6) | 1 per class minimum (6)<br>1 extra for Orchestra | 1 per class minimum (6-8)<br>1 extra for Orchestra |
| Composition Notebook | No | 1 - Literacy | 2 - Literacy<br>1 - Science |
| 3-Ring Binders | 1 - Orchestra, 1" | 1 - Orchestra, 1"<br>1 - Math, 1" | 1 - World Languages, 1.5"<br>1 - Orchestra, 1"<br>1 - Social Sciences, 1.5"<br>plus binder tabs |
| White Loose-Leaf Paper | No | No | 1 pack |
| Calculator | 1 - Basic | 1 - Scientific for math | 1 - Scientific for math<br>TI-30XIIS |
| Scissors | Yes | No | Yes |
| Pencil bag or box | Yes | Yes | Yes |
| Post-It Notes, 3-pack | Yes | Yes | Yes |
| Refillabell Water Bottle | Recommended | Recommended | Recommended |
| Athletic Shirt, Shoes, Pants for Phy Ed | Yes | Yes | Yes |

**IMPORTANT - Please read**

*Replenish supplies throughout the year, as needed.
MINIMAL additional supplies may be announced by individual 6th or 7th grade literacy teachers at the beginning of the school year or by elective teachers (Art, Family Consumer Science, Music, World Language, or Technology).
Padlocks for Phy Ed must be purchased through the school. Store bought locks are not permitted.
Students are strongly encouraged to have an extra set of clothes to keep in their academic locker. Please see the Student Handbook on the JMMS website for the dress code policy.
LOCKER DECORATIONS: Items inside lockers may only be secured with magnets; tape is not allowed. NO CONTACT PAPER allowed due to the sticky residue it leaves.

# 2023-2024 Wausau School District Calendar

Board approved: 12-19-2022; rev. 8-14-2023

### July 2023

| Su | Mo | Tu | We | Th | Fr | Sa |
|---|---|---|---|---|---|---|
| | 3 | 4 | 5 | 6 | 7 | |
| | 10 | 11 | 12 | 13 | 14 | |
| | 17 | 18 | 19 | 20 | 21 | |
| | 24 | 25 | 26 | 27 | 28 | |
| | 31 | | | | | |

### August 2023

| Su | Mo | Tu | We | Th | Fr | Sa |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | |
| | 7 | 8 | 9 | 10 | 11 | |
| | 14 | 15 | 16 | 17 | 18 | |
| | 21 | 22 | 23 | 24 | 25 | |
| | 28 | 29 | 30 | 31 | | |

Aug 21: New Teacher Orientation
Aug 22-24: Professional Learning
August 29: First Day of School

### September 2023

| Su | Mo | Tu | We | Th | Fr | Sa |
|---|---|---|---|---|---|---|
| | | | | | 1 | |
| | 4 | 5 | 6 | 7 | 8 | |
| | 11 | 12 | 13 | 14 | 15 | |
| | 18 | 19 | 20 | 21 | 22 | |
| | 25 | 26 | 27 | 28 | 29 | |

Sept 1: No Classes - No Classes
Sept 4: No Classes - Labor Day
Sept 29: Independent Learning Day
Professional Learning

### October 2023

| Su | Mo | Tu | We | Th | Fr | Sa |
|---|---|---|---|---|---|---|
| | 2 | 3 | 4 | 5 | 6 | |
| | 9 | 10 | 11 | 12 | 13 | |
| | 16 | 17 | 18 | 19 | 20 | |
| | 23 | 24 | 25 | 26 | 27 | |
| | 30 | 31 | | | | |

Oct 25: No Elementary Classes-Recordkeeping
No PM Secondary
No AM/PM Pre-K Classes
Oct 26: No Classes - Professional Learning
Oct 27: No Classes - Non Work Day

### November 2023

| Su | Mo | Tu | We | Th | Fr | Sa |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | |
| | 6 | 7 | 8 | 9 | 10 | |
| | 13 | 14 | 15 | 16 | 17 | |
| | 20 | 21 | 22 | 23 | 24 | |
| | 27 | 28 | 29 | 30 | | |

Nov 3: 1st Quarter Ends (45)
Nov 22: No Classes - Non-Contract Day
Nov 23-24: No Classes - Thanksgiving Break

### December 2023

| Su | Mo | Tu | We | Th | Fr | Sa |
|---|---|---|---|---|---|---|
| | | | | | 1 | |
| | 4 | 5 | 6 | 7 | 8 | |
| | 11 | 12 | 13 | 14 | 15 | |
| | 18 | 19 | 20 | 21 | 22 | |
| | 25 | 26 | 27 | 28 | 29 | |

Dec 8: Independent Learning Day
Professional Learning
Dec 25-29: No Classes - Winter Break

### January 2024

| Su | Mo | Tu | We | Th | Fr | Sa |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | |
| | 8 | 9 | 10 | 11 | 12 | |
| | 15 | 16 | 17 | 18 | 19 | |
| | 22 | 23 | 24 | 25 | 26 | |
| | 29 | 30 | 31 | | | |

Jan 1: No Classes - Winter Break
Jan 12: No PM Elem Classes-Recordkeeping
No AM/PM Pre-K Classes
Jan 12: 2nd Quarter Ends (41)
Jan 15: No Classes - Professional Learning

### February 2024

| Su | Mo | Tu | We | Th | Fr | Sa |
|---|---|---|---|---|---|---|
| | | | | 1 | 2 | |
| | 5 | 6 | 7 | 8 | 9 | |
| | 12 | 13 | 14 | 15 | 16 | |
| | 19 | 20 | 21 | 22 | 23 | |
| | 26 | 27 | 28 | 29 | | |

Feb 19: No Classes - Prof Learning

### March 2024

| Su | Mo | Tu | We | Th | Fr | Sa |
|---|---|---|---|---|---|---|
| | | | | | 1 | |
| | 4 | 5 | 6 | 7 | 8 | |
| | 11 | 12 | 13 | 14 | 15 | |
| | 18 | 19 | 20 | 21 | 22 | |
| | 25 | 26 | 27 | 28 | 29 | |

Mar 8: Independent Learning Day
Professional Learning
Mar 22: No PM Elem Classes-Recordkeeping
No AM/PM Pre-K Classes
Mar 22: 3rd Quarter Ends (48)
Mar 25-29: No Classes - Spring Break

### April 2024

| Su | Mo | Tu | We | Th | Fr | Sa |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | |
| | 8 | 9 | 10 | 11 | 12 | |
| | 15 | 16 | 17 | 18 | 19 | |
| | 22 | 23 | 24 | 25 | 26 | |
| | 29 | 30 | | | | |

Apr 26: No Classes - Prof Learning

### May 2024

| Su | Mo | Tu | We | Th | Fr | Sa |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | |
| | 6 | 7 | 8 | 9 | 10 | |
| | 13 | 14 | 15 | 16 | 17 | 18 |
| | 20 | 21 | 22 | 23 | 24 | |
| | 27 | 28 | 29 | 30 | 31 | |

May 24: No Classes - Prof Learning
May 27: No Classes - Memorial Day
May 30: Students Last Day / No PM Classes ALL
May 30: 4th Quarter Ends (41)
May 31: Teachers Last Day

### June 2024

| Su | Mo | Tu | We | Th | Fr | Sa |
|---|---|---|---|---|---|---|
| | 3 | 4 | 5 | 6 | 7 | |
| | 10 | 11 | 12 | 13 | 14 | |
| | 17 | 18 | 19 | 20 | 21 | |
| | 24 | 25 | 26 | 27 | 28 | |

New Teacher Orientation
No Classes
Students' first and last days of school
No Classes - Professional Learning (PL)
No Pre-K or Elementary Classes / No PM Secondary Classes / Recordkeeping AM (Elem) and Parent/Teacher Conferences PM
2024 High School Graduation: May 23 - EEA; May 18 - East; May 20 - WAVE; May 18 - West
Independent Learning Day
Quarter Ends (1st - 45) (2nd - 41) (3rd - 48) (4th - 41) = 175
Teachers' last day of school
No PM Elem Classes-Recordkeeping. No AM/PM Pre-K Classes

# Daily School Bell Schedule 2023-2024

| SCHOOL | INCOMING BELL | STARTING TIME | DISMISSAL |
|---|---|---|---|
| **Secondary** | | | |
| West High | N/A | 7:45 AM | 3:00 PM |
| East High | 7:40 AM | 7:45 AM | 3:00 PM |
| John Muir | 7:30 AM | 7:35 AM | 2:55 PM |
| Horace Mann | 7:30 AM | 7:35 AM | 2:55 PM |
| EEA Learning Academy | N/A | 8:00 AM | 3:30 PM |
| **Elementary** | | | |
| 4K Learning Academies (G.D. Jones, Hawthorn Hills, Riverview, and Thomas Jefferson) | | | |
| (AM) 4K and EC | N/A | 8:25 AM | 11:00 AM |
| (PM) 4K and EC | N/A | 11:40 AM | 2:15 PM |
| Franklin | 8:30 AM | 8:35 AM | 3:30 PM |
| G.D. Jones | 8:30 AM | 8:35 AM | 3:30 PM |
| Grant | 8:30 AM | 8:35 AM | 3:30 PM |
| Hawthorn Hills | 8:30 AM | 8:35 AM | 3:30 PM |
| Hewitt-Texas | 8:30 AM | 8:35 AM | 3:30 PM |
| John Marshall | 8:30 AM | 8:35 AM | 3:30 PM |
| Lincoln | 8:30 AM | 8:35 AM | 3:30 PM |
| Maine | 8:30 AM | 8:35 AM | 3:30 PM |
| Montessori Charter School | 8:10 AM | 8:15 AM | 3:15 PM |
| Rib Mountain | 8:30 AM | 8:35 AM | 3:30 PM |
| Riverview | 8:30 AM | 8:35 AM | 3:30 PM |
| South Mountain | 8:30 AM | 8:35 AM | 3:30 PM |
| Stettin | 8:30 AM | 8:35 AM | 3:30 PM |
| Thomas Jefferson | 8:30 AM | 8:35 AM | 3:30 PM |