



# WAUSAU SCHOOL DISTRICT

Longfellow Administration Center

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415 Seymour Street • P.O. Box 359 • Wausau, Wisconsin 54402-0359 • 715-261-0500 • [www.wausauschools.org](http://www.wausauschools.org)  
*Cale Bushman, Interim 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 more than 1,200 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!

Sincerely,

Cale Bushman  
Interim Superintendent of Schools

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It is the mission of the Wausau School District to advance student learning, achievement, and success.



Date & Time Received \_\_\_\_\_  
School Name \_\_\_\_\_  
ID Number \_\_\_\_\_  
Home Attendance Zone \_\_\_\_\_  
Entry Date \_\_\_\_\_  
Withdrawn to \_\_\_\_\_  
Withdrawn Date \_\_\_\_\_  
Birth Verification \_\_\_\_\_

## Student Enrollment Form

Interpreter needed? ☐ YES ☐ NO Type \_\_\_\_\_  
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 if not born in the U.S.) \_\_\_\_\_  
Date first entered U.S. \_\_\_\_\_ Date first entered U. S. School \_\_\_\_\_ Date first entered Wisconsin 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 \_\_\_\_\_

### HOUSING

Is the child homeless? ☐ YES ☐ NO If yes, please select the option that best represents the child's current housing situation:

- ☐ Motel, hotel, trailer park, or campground due to lack of alternative housing ☐ Shared housing/doubled up in one residence  
☐ In emergency or transitional shelter ☐ Awaiting foster care placement  
☐ Primary night time residence is not ordinarily used as a regular sleeping accommodation  
☐ Unsheltered - living in vehicle, park, public space, abandoned building, substandard housing, bus or train station, etc.

*Please complete second page*

## FAMILY INFORMATION

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** \_\_\_\_\_ **Mother's Date of Birth** \_\_\_\_\_

Receive mailings (i.e. Report Cards and Progress Reports)? ☐ YES ☐ NO **Is Mother a Migrant Worker?** ☐ YES ☐ NO

**Mother's Primary Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_ **Employer** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

■ **Father's Legal Name** \_\_\_\_\_ **Father's Date of Birth** \_\_\_\_\_

Receive mailings (i.e. Report Cards and Progress Reports)? ☐ YES ☐ NO **Is Father a Migrant Worker?** ☐ 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.

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Parent or Guardian

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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.

## 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	
	<b>NO HEALTH CONCERNS</b>	

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: \_\_\_\_\_

## 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)		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.dhfs.wisconsin.gov/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
<b>DTaP/DTP/DT/Td</b> (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
<b>Polio</b>					
<b>Hepatitis B</b>					
<b>MMR</b> (Measles, Mumps, Rubella)					
<b>Varicella</b> (Chickenpox) Vaccine <i>Vaccine is required if your child has not had chickenpox disease. See below</i>					
<b>Meningococcal</b> (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. <input type="checkbox"/> I attest that this student has a reliable history of varicella disease,			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) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s)		
SIGNATURE – Healthcare Provider			Date Signed		

**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



## 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 statute 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.

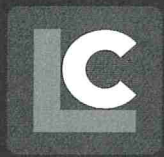
### Comparison of Wisconsin school-required vaccines prior to the 2023-2024 school year compared to vaccine requirements starting in the 2023-2024 school year

Quick Guide	
Previous requirements	School requirements starting in the 2023-2024 school year
<b>For entry to kindergarten through sixth grades students need:</b> <ul style="list-style-type: none"><li>• 4 doses of polio vaccine</li><li>• 3 doses of hepatitis B</li><li>• 4 doses of DTaP/DTP/DT/TD</li><li>• 2 doses of varicella (chicken pox),</li><li>• 2 doses of MMR</li><li>• 1 Tdap at sixth grade</li></ul>	<b>For entry to kindergarten through sixth grades students need:</b> <ul style="list-style-type: none"><li>• 4 doses of polio vaccine</li><li>• 3 doses of hepatitis B</li><li>• 4 doses of DTaP/DTP/DT/TD</li><li>• 2 doses of varicella (chickenpox)*</li><li>• 2 doses of MMR</li></ul> <b>For entry to 7-11<sup>th</sup> grades</b> <ul style="list-style-type: none"><li>• 1 Tdap</li><li>• 1 MenACWY-containing vaccine</li></ul> <b>For entry to 12<sup>th</sup> grade</b> <ul style="list-style-type: none"><li>• 1 MenACWY-containing booster</li></ul>

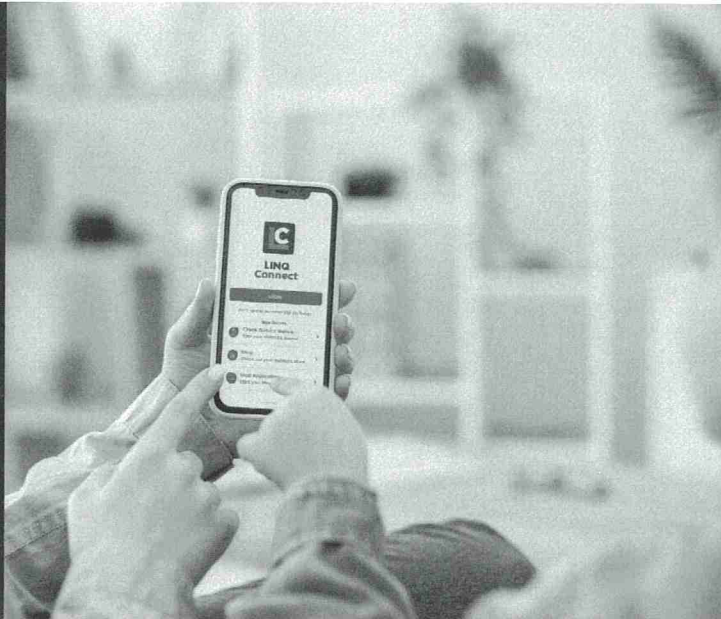
**Note:** Children must be up to date on all vaccines listed for previous grades. For example, if a seventh grader is missing a dose of hepatitis B, they'll need a catch-up dose of hepatitis B prior to seventh grade matriculation.

\*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](https://LINQConnect.com)**



Google Play



Apple Store



**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. 17<sup>th</sup> 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, 2024, if applying for the 2024-2025 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 applications (grades K-12) may also be made on the Wausau School District website ([www.wausauschools.org](http://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. 17<sup>th</sup> Avenue, Wausau, WI 54401  
715-842-2268



# School Supply Lists 2024

✓	4K
	1 - Backpack
	4 - Glue Sticks (jumbo size preferred)
	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 quart sized zip closing bags
	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)

✓	Early Childhood
	1 - Backpack
	4 - Glue Sticks (jumbo size preferred)
	2 - Box of Tissues
	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 (optional)	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	8 - any color	4 - any color	7 - any color OR accordion
1-Subject Notebooks	3	3	6 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)
Sharpie Fine-Tip Markers	—	—	1 Pack (Black)
Calculator	—	1 Basic Calculator	Texas Instruments TJI-30XIIS
Scissors	1 (optional)	1	1
Pencil bag or box	1	1	1
Post-It Notes	2 pack (ELA)	—	3 pack 1-1/2x2 (ELA)
Pencil Sharpener	1 (optional)	—	—
Dry Erase Markers	—	—	2 (Spanish) + 1 Pack
Athletic Shirt, Shoes, Pants for Phy Ed	Yes	Yes	Yes

Spanish: Folder and Notebook  
 French: Folder or Binder and Notebook  
 German: Tear-out Notebook (not spiral) and 1" Binder  
 World Cultures: Folder or Binder and Notebook  
 Instrumental Music: Any accessories necessary for instrument function (reeds, oils, extra strings, resin, etc.)

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; Keep the extras until needed.

5-2024

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 5 wooden - for Art only	3 dozen/semester 5 wooden - for Art only	2 dozen 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	4 Large	3 Large	4 Large
Colored Pencils	Yes	Yes	Yes
Pens - Blue or Black	No	Optional	Yes
Ruler	No	No	Yes - metric and standard
Earbuds or Headphones	Yes	Yes	Yes
Sturdy Plastic Accordion Filing System w/ 8 dividers <b>(recommended);</b> OR Large 3-Ring zip-up 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 (3)	1 per class minimum (6) 1 extra for Orchestra	1 per class minimum (6-8) 1 extra for Orchestra
Composition Notebook	No	1 - Literacy	2 - Literacy 1 - Science
3-Ring Binders	1 - Orchestra, 1"	1 - Orchestra, 1" 1 - Math, 1" 1 - Science, 1"	1 - World Languages, 1.5" 1 - Orchestra, 1" 1 - Social Sciences, 1.5" plus binder tabs
White Loose-Leaf Paper	No	Yes	1 pack
Calculator	1 - Basic	1 - Scientific for math	1 - Scientific for math TI-30XIIS
Scissors	Optional	No	Yes
Pencil bag or box	Yes	Yes	Yes
Post-it Notes, 3-pack	Yes	Yes	2-3 Packs
Refillable 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 - especially pencils.

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 JHMS website for the dress code policy.

LOCKER DECORATIONS: Items inside lockers may only be secured with magnets; tape is not allowed. NO CONTACT PAPER.

# 2024-2025 Wausau School District Calendar

Board Approved 2-12-2024

July 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			

August 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	30	

Aug 26-29: Professional Learning  
Aug 30: No Classes & Non-Work Day

September 2024						
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					

Sept 2: No Classes - Labor Day  
Sept 3: First Day of School  
Sept 27: No Classes - Prof Learning

October 2024						
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		

Oct 23: No Elementary Classes-Recordkeeping  
No PM Secondary  
No AM/PM Pre-K Classes  
Afternoon Conferences  
Oct 24: No Classes - Prof Learning  
Oct 25: No Classes / Non Work Day

November 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	

Nov 1: End of 1st Quarter  
Nov 27: No Classes - Non-Contract Day  
Nov 28-29: No Classes - Thanksgiving Break

December 2024						
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				

Dec 23-31: No Classes - Winter Break

January 2025						
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	31	

Jan 1: No Classes - Winter Break  
Jan 17: No PM Elementary Classes-Recordkeeping  
No AM/PM Pre-K Classes  
Jan. 17: End of 2nd Quarter  
Jan 20: No Classes - Prof Learning

February 2025						
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	

Feb 17: No Classes - Prof Learning

March 2025						
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					

Mar 21: No PM Elementary Classes-Recordkeeping  
No AM/PM Pre-K Classes  
End of 3rd Quarter  
Mar 24-28: No Classes - Spring Break

April 2025						
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			

April 18: No Classes - Non-Contract Day  
April 21: No Classes - Prof Learning

May 2025						
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	30	31

May 23: No Classes - Prof Learning  
May 21: WAVE Graduation  
May 22: EEA Graduation  
May 26: No Classes - Memorial Day  
May 31: East High Graduation  
May 31: West High Graduation

June 2025						
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					

June 5: Students' Last Day (No PM Classes)  
No AM/PM Pre-K Classes  
End of 4th Quarter  
June 6: Teachers' Last Day

	No Classes		Quarter Ends (1st - 41) (2nd - 44) (3rd - 43) (4th - 45) = 173
	Students' first and last days of school		Teachers' last day of school
	No Classes - Professional Learning (PL)		No PM Elem Classes-Recordkeeping. No AM/PM Pre-K Classes
	No Pre-K or Elementary Classes / No PM Secondary Classes / Recordkeeping AM (Elem) and Parent/Teacher Conferences PM		
	2025 High School Graduation: May 22 - EEA; May 31 - East; May 21 - WAVE; May 31 - West		



## Daily School Bell Schedule 2024-2025

SCHOOL	INCOMING BELL	STARTING TIME	DISMISSAL
<b>Secondary</b>			
West High	N/A	7:41 AM	3:00 PM
East High	7:36 AM	7:41 AM	3:00 PM
John Muir	7:26 AM	7:31 AM	2:55 PM
Horace Mann	7:26 AM	7:31 AM	2:55 PM
EEA Learning Academy	N/A	8:00 AM	3:30 PM
<b>Elementary</b>			
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