

SUMMER BAND CAMP  
2025

For students entering their second year of playing through Grade 9

Dates/Time: July 28<sup>th</sup>- August 1<sup>st</sup>, 2025 Monday – Thursday 8:30 am – 2:15 pm  
Friday 8:30am - 12:30pm

Location: Appleton North High School

Fee: \$20, payable on the portal or with the registration paperwork



**Student Eligibility & Registration Information:**

- Students should have a minimum of one year of formal instruction on their instrument.
- Complete the Fox Valley Consortium Registration form on the reverse side (one per student)

**Registration will be conducted online through the School Store on the Parent Portal**

[Directions for registration can be found by clicking here](#)

**\*\*Out of district or private school students:** Please complete and return the form on reverse.

**Instructions regarding Lunch at Band Camp:** Students will have an opportunity to order Papa John's pizza for lunch Monday through Thursday. Students may also bring lunch with them. We will also have water and soda available for purchase each day.



If you do not wish to use the online registration process, please mail your completed registration form & check to:



Summer Band Camp Registration C/O Matt DiPietro  
225 N Badger Ave  
Appleton, WI 54914

Your registration must be postmarked on or before June 2<sup>nd</sup>, 2025  
NO REGISTRATIONS WILL BE ACCEPTED AFTER THAT DATE

Each student enrolled will receive an email in July with more details and schedules for band camp.

Band Camp Director:  
Matt DiPietro: email [dipietromatthe@asd.k12.wi.us](mailto:dipietromatthe@asd.k12.wi.us)



# Appleton Area School District Summer Band Camp Registration

**Please complete only if you are NOT using online registration!**

Student Name \_\_\_\_\_ Gender \_\_\_\_ M \_\_\_\_ F Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School attending next Fall: \_\_\_\_\_ Grade next Fall \_\_\_\_\_

**In case of absence or emergency, the number to call *first* to contact a legal guardian between 8:30am-2:15pm is: \_\_\_\_\_.**

Parent/Guardian Name \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Does this student have an IEP, Building Intervention Plan, or 504 Plan? \_\_\_\_ Yes \_\_\_\_ No (If yes, please explain): \_\_\_\_\_

*According to WI Dept of Public Instruction, summer school classes are not tailored to implement a student's IEP.*

Special Health Concerns/Medical Diagnoses: \_\_\_\_\_

Will your child have medications at summer school? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide the name of the medication(s): \_\_\_\_\_

Reason for Medication(s) \_\_\_\_\_

Time(s) medication is administered: Routine/Daily \_\_\_\_\_

As Needed \_\_\_\_\_ Emergency \_\_\_\_\_

(Please bring any medications to the site coordinator on the first day of summer school.)

### Music History

Main Instrument played: \_\_\_\_\_ Number of years of formal instruction: \_\_\_\_\_

T-Shirt Size: (Circle One) Adult Sm Adult Med Adult Lg Adult Extra Lg



Check here if you do NOT want your child's likeness shared

I hereby authorize summer school personnel to obtain emergency medical care for my child if needed.

Parent/Guardian \_\_\_\_\_

Registrations must be postmarked by June 2<sup>nd</sup>, 2025– No late registrations accepted.

Camp fee is \$20. – Payable to Appleton Area School District – due at time of registration. There will be NO refunds.

Complete this form and return it to: **Summer Band Camp Registration C/O Matt DiPietro**  
225 N Badger Ave  
Appleton, WI 54914

Band Camp Director:

Matt DiPietro: email [dipietromatthe@ascd.k12.wi.us](mailto:dipietromatthe@ascd.k12.wi.us)

**Office use only:** Registration received on \_\_\_/\_\_\_/\_\_\_, Amount paid \$\_\_\_\_\_ Cash or Check #\_\_\_\_\_