



## AASD Moving to the Middle School Orientation

AASD Summer School Director: Todd Kadolph [kadolphtodd@asds.k12.wi.us](mailto:kadolphtodd@asds.k12.wi.us)

AASD Summer School Coordination Specialist: Karrie Kadolph [kadolphkarrie@asds.k12.wi.us](mailto:kadolphkarrie@asds.k12.wi.us)

AASD District Summer School Office Phone: (920) 852-5332 ext. 60350

**Who:** This summer orientation class will be open to any student who will be attending the middle school in the fall. This class is not required, but many teachers and parents recommend it.

**Cost:** no fee

**Description:** Get a head start on middle school! Come and tour the building, get help with your locker combination, walk your schedule, and learn daily routines. You will get some tips about middle school life while meeting your future classmates! The staff can't wait to meet and welcome you!

**Choose the school site that the student will attend in the fall:**

**Fly Like an Eagle 2.0:**

**Where:** Einstein Middle School

**When:** Incoming 6<sup>th</sup>: August 12<sup>th</sup> 8:00-9:30 AM, 10:00-11:30 AM

Incoming 6<sup>th</sup> or any NEW to Einstein 7<sup>th</sup> -8<sup>th</sup>: August 12<sup>th</sup> 1:00-2:30 PM

**Cardinal Day:**

**Where:** Kaleidoscope Academy

**When:** Any new students: August 14<sup>th</sup> from 8:30 AM-11:30 AM

*There will be a new-to-KA family orientation at the same time for parents/guardians*

**Wildcat Way:**

**Where:** James Madison Middle School

**When:** Incoming 6<sup>th</sup>: August 12<sup>th</sup> or 13<sup>th</sup> from 8:00 AM-11:00 AM or 12:30 PM-3:30 PM

Additional time for students that have attended one of these sessions will be available on August 14<sup>th</sup> from 8:00 AM-11:00 AM or 12:30 PM-3:30 PM

**Raider Readiness:**

**Where:** Wilson Middle School

**When:** Incoming 6<sup>th</sup>: August 12<sup>th</sup> or 13<sup>th</sup> from 8:00 AM-11:00 AM or 12:30 PM-3:30 PM

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

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



# AASD Moving to the Middle School Orientation Registration Form

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

**Please turn in your registration form at the school you want your child to attend.**

Student Name \_\_\_\_\_ Gender \_\_\_\_M\_\_\_\_F Date Of Birth \_\_\_\_\_

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

My child is currently attending \_\_\_\_\_ school. Grade next Fall \_\_\_\_\_

**In case of emergency, the number to call *first* to contact a legal guardian 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 middle school orientation? 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 on the first day.)

**Choose one:**

**Fly Like and Eagle 2.0 at Einstein: (indicate session date and time)** \_\_\_\_\_

**Cardinal Day at Kaleidoscope: (indicate session date and time)** \_\_\_\_\_

**Wildcat Way at Madison: (indicate session date and time)** \_\_\_\_\_

**Raider Readiness at Wilson: (indicate session date and time)** \_\_\_\_\_

You will be notified if your child is not able to participate in the classes you requested. If you'd like a confirmation of classes, please include a self-addressed stamped envelope.

**All Appleton School District policies for the regular academic school year regarding dress, behavior and school safety are in effect during Summer School. If you would like a copy of these policies, please contact the Summer School office.**

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

**Parent/Guardian Signature** \_\_\_\_\_

**Please return to the Middle School you would like to attend.**