



# STUDENT INFO UPDATE



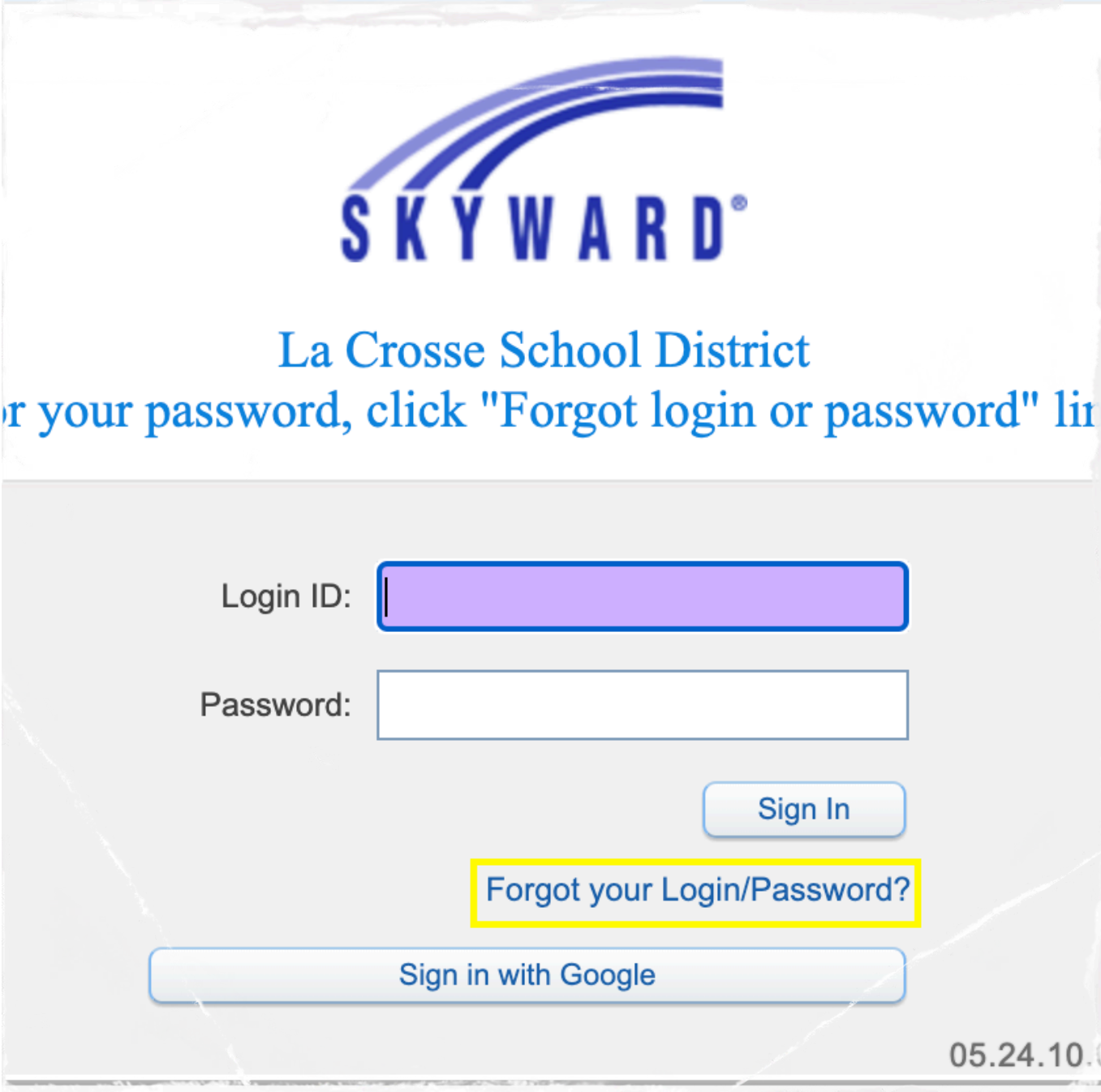
**STEP-BY-STEP INSTRUCTIONS**

SCHOOL DISTRICT OF  
**LA CROSSE**



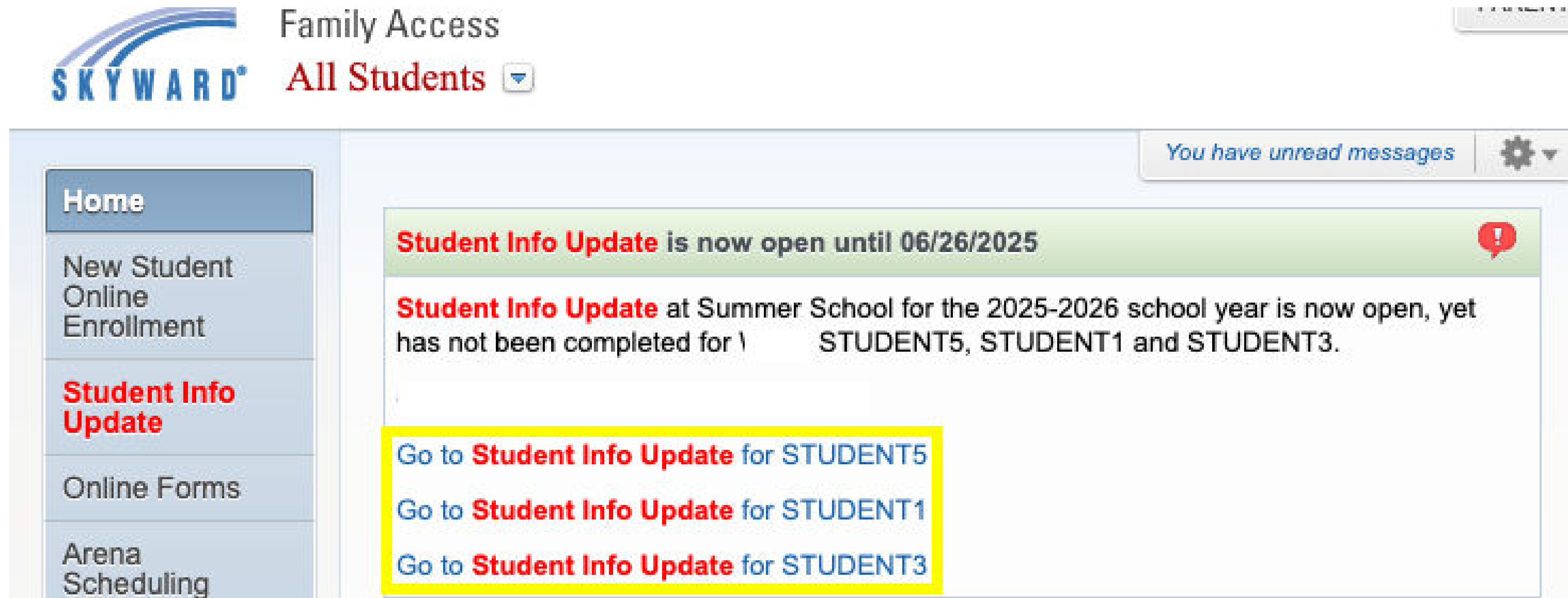
# LOGGING INTO SKYWARD

- Visit [www.lacrossesd.org](http://www.lacrossesd.org)
- Select the "Skyward" button
- Login into the Skyward Access Portal
  - If you forgot your login in select:
    - Forgot your Login/Password?
    - Or contact Registrars office at:
      - (608) 789-7756

The image is a screenshot of the Skyward login page for La Crosse School District. At the top, there is a blue logo with a rainbow arch over the word "SKYWARD". Below the logo, the text "La Crosse School District" is displayed in blue. A link that says "Forgot your password, click 'Forgot login or password' link" is also visible. The main login area has a "Login ID:" label next to a purple input field, and a "Password:" label next to a white input field. Below these fields are three buttons: "Sign In", "Forgot your Login/Password?" (highlighted with a yellow border), and "Sign in with Google". In the bottom right corner, the date "05.24.10.0" is visible.

# GETTING STARTED

- Select “ Go to Student Info Update for Student”
  - Each child will have a separate link, and the Student Info Update needs to be completed for each individual student.



The screenshot shows the Skyward Family Access interface. At the top left is the Skyward logo. To its right, the text "Family Access" is displayed in blue, and "All Students" is shown in red with a dropdown arrow. In the top right corner, there is a notification bar that says "You have unread messages" next to a gear icon. On the left side, there is a vertical navigation menu with the following items: "Home" (highlighted in blue), "New Student Online Enrollment", "Student Info Update" (highlighted in red), "Online Forms", and "Arena Scheduling". The main content area features a green notification banner with a red exclamation mark icon that reads: "Student Info Update is now open until 06/26/2025". Below this banner, a white text box contains the message: "Student Info Update at Summer School for the 2025-2026 school year is now open, yet has not been completed for \ STUDENT5, STUDENT1 and STUDENT3." Underneath this message, three blue links are listed, each enclosed in a yellow rectangular highlight: "Go to Student Info Update for STUDENT5", "Go to Student Info Update for STUDENT1", and "Go to Student Info Update for STUDENT3".

# REVIEW BEFORE GETTING STARTED

## Student Info Update

STUDENT5 (Summer School 2025-2026)

### 2025 - 2026 Student Info Update

Welcome to the Student Info Update in Family Access!

#### **NEW THIS YEAR! PARENTSQUARE PHONE NUMBER REVIEW**

With the implementation of ParentSquare, phone numbers must be listed in a specific order on Step 1c. Primary phone number can be listed as the home or cell phone number. The second phone number has to be your cell phone number. The third phone number can be your work, home, or other phone number.

Click the link for step by step instructions for completing the Student Info Update and additional information on the ParentSquare review (Step 1C). [INSERT LINK](#)

**Step 1a, "General Information" area, is locked and can only be changed if you provide legal documentation to your child's school or the District Registrar's office.**

To update your address, provide verification to the Registrar's office at 807 East Ave S or one of your child's schools. You may also email the verification to [registrar@lacrossesd.org](mailto:registrar@lacrossesd.org).

If you have moved outside of the district and would like your child to continue attending in La Crosse, please contact the Open Enrollment office at 608-789-7651.

If you have moved, use the provided link to verify your boundary school. [Search for Boundary School](#)

If you've moved within the district and want your child to stay at their current school, complete the Intradistrict Transfer form using the provided link. [Intradistrict Transfer Form](#)

On the "Complete Student Info Update" page, be sure that all steps are marked as "Completed" or "Skipped". Any steps that are in red will need to be completed before the "Submit" button is available.

Please click the "Next" button in the lower right to begin.

# 1. VERIFYING STUDENT INFORMATION

REVIEW EACH SECTION TO PROVIDE THE MOST UP TO DATE INFORMATION

STUDENT5 (Summer School 2025-2026)

**Step 1e. Verify Student Information: Emergency Contacts** (Required) Undo

**NOTES:**

Step 1a: Click on the "?" icon for Student Publication definitions. **Scroll to the bottom of the page to review or update.**

Step 1b: Verify Address

Step 1c: Verify and update phone numbers. **Second phone number must be a cell phone number.**

Step 1d: For Physician and Dentist names, enter their LAST NAME first.

Step 1e: Emergency Contacts: Provide up to 3 local emergency contacts. These contacts will be called if legal guardians are not available

Add Emergency Contact

Complete Step 1e and move to Step 2

2025 - 2026 Student Info Update

1. Verify Student Information
  - a. Student Information
  - b. Family Address
  - c. Family Information
  - d. Emergency Information
  - e. Emergency Contacts**
2. Student/Family Residence Questionnaire
3. Verify Ethnicity/Race
4. Food Service Application
5. Free & Reduced - Disclosure of Benefits

Be sure to choose Complete Step # to verify that the step has been successfully finished.

# 1C. UPDATE PHONE NUMBERS- PARENT SQUARE

**Student Info Update**

STUDENT5 (Summer School 2025-2026)

**Step 1c. Verify Student Information: Family Information (Required)** [Undo](#)

**2025 - 2026 Student Info Update**

- 1. Verify Student Information
  - a. Student Information
  - b. Family Address
  - c. Family Information**
  - d. Emergency Information
  - e. Emergency Contacts
- 2. Student/Family Residence Questionnaire
- 3. Verify Ethnicity/Race
- 4. Food Service Application
- 5. Free & Reduced - Disclosure of Benefits
- 6. Student Accident Insurance
- 7. Health Forms
- 8. La Crosse Public Education Foundation/La Crosse Promise
- 9. Code of Rights and Responsibilities
- 10. Athletics Registration
- 11. Dental Sealants
- 12. Technology Forms

**NOTES:**

Step 1a: Click on the "?" icon for Student Publication definitions. **Scroll to the bottom of the page to review or update.**

Step 1b: Verify Address

Step 1c: Verify and update phone numbers. **Second phone number must be a cell phone number.**

Step 1d: For Physician and Dentist names, enter their LAST NAME first.

Step 1e: Emergency Contacts: Provide up to 3 local emergency contacts. These contacts will be called if legal guardians are not available

**Family Options**

\* Home Language:   Receive a Paper Copy of Report Card

Guardian Number: 1  
Name: PARENT TEST  
 Legal Guardian  
Relationship:   
Employer:   
Home Email:

1. Primary Phone:  Ext:   
 Confidential

2.   Ext:

3.   Ext:

[Complete Step 1c and move to Step 1d](#)

(\*) Indicates a required field.

1. **Primary:** Home or Cellphone

2. **Second:** Must be Cellphone

a. This is **Required**

3. **Third:** Work/Home/Other

**Note:** Primary and Second Phone can be the same Cellphone Number.

**SECTIONS 2-15**  
 REVIEW EACH SECTION TO  
 PROVIDE THE MOST UP TO  
 DATE INFORMATION

**Student Info Update**

STUDENT5 (Summer School 2025-2026)

**2025 - 2026 Student Info Update**

Welcome to the Student Info Update in Family Access!

**NEW THIS YEAR! PARENTSQUARE PHONE NUMBER REVIEW**

With the implementation of ParentSquare, phone numbers must be listed in a specific order on Step 1c. Primary phone number can be listed as the home or cell phone number. The second phone number has to be your cell phone number. The third phone number can be your work, home, or other phone number.

Click the link for step by step instructions for completing the Student Info Update and additional information on the ParentSquare review (Step 1C). [INSERT LINK](#)

**Step 1a, "General Information" area, is locked and can only be changed if you provide legal documentation to your child's school or the District Registrar's office.**

To update your address, provide verification to the Registrar's office at 807 East Ave S or one of your child's schools. You may also email the verification to registrar@lacrossesd.org.

If you have moved outside of the district and would like your child to continue attending in La Crosse, please contact the Open Enrollment office at 608-789-7651.

If you have moved, use the provided link to verify your boundary school. [Search for Boundary School](#)

If you've moved within the district and want your child to stay at their current school, complete the Intradistrict Transfer form using the provided link. [Intradistrict Transfer Form](#)

On the "Complete Student Info Update" page, be sure that all steps are marked as "Completed" or "Skipped". Any steps that are in red will need to be completed before the "Submit" button is available.

Please click the "Next" button in the lower right to begin.

**2025 - 2026 Student Info Update**

1. Verify Student Information
  - a. Student Information
  - b. Family Address
  - c. Family Information
  - d. Emergency Information
  - e. Emergency Contacts
2. Student/Family Residence Questionnaire
3. Verify Ethnicity/Race
4. Food Service Application
5. Free & Reduced - Disclosure of Benefits
6. Student Accident Insurance
7. Health Forms
8. La Crosse Public Education Foundation/La Crosse Promise
9. Code of Rights and Responsibilities
10. Athletics Registration
11. Dental Sealants
12. Technology Forms
13. Annual Consent to Treatment of Student and Annual Walking Field Trip
14. Make an Online Payment
15. Migrant Eligibility Form
16. Signature Page
17. Summary Page
18. Complete **Student Info Update**

[Next](#)

[Close and Finish Later](#)

## 2. STUDENT/FAMILY RESIDENCE QUESTIONNAIRE

**STUDENT/ FAMILY RESIDENCE QUESTIONNAIRE 2025**

Your child may be eligible for additional educational services through the Federal McKinney-Vento Homeless Education Act. Eligibility can be determined by completing this questionnaire. This information is used to help connect families and students with resources.

Student Name:  Grade:  Date of Birth:

None of the situations below describe my family's current situation.  
If none of the below apply to your family, please sign the form. You do NOT need to complete the rest of this form.

Parent/guardian/caretaker or self enrolling a student into the La Crosse School District, please mark if any of these apply to your situation:

	Yes
Staying in a shelter (family shelter/domestic violence shelter/RHYMES)	<input type="checkbox"/>
Sharing the housing of others due to loss of housing, economic hardship or similar reason	<input type="checkbox"/>
Living in a public or private place that is not meant for sleeping (ex: car, park, abandoned building, bus station)	<input type="checkbox"/>
In a hotel, motel or campground due to financial hardship	<input type="checkbox"/>
Living alone as a minor student(s) without a parent or guardian (unaccompanied minor)	<input type="checkbox"/>
Transitional housing program (i.e CouleeCap) If YES, which one? <input type="text"/>	<input type="checkbox"/>

School the Student Last Attended (school of origin)	Grade	School you are requesting the student attends. (School of origin or the closest school? School of origin may be in another school district.)	Does the student have an IEP?
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Person Enrolling Student	Relationship to Student	Address	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current living situation:

Anticipated length of stay in this location?:

Do we have permission to share homeless status with your child's teacher if needed? Yes  No

Do we have permission to share homeless status with the school district where you live? Yes  No

Do we have permission to share information (address) with a transportation provider? Yes  No

(Under McKinney-Vento, students have the right to remain in their school of origin, even if that is in a neighboring school district. Our district would work with your child's school to arrange transportation.)

Parent/Guardian Signature:  Date:

If any answers marked "yes", forward this form to building liaison (SW/Counselor)

## 3. VERIFY ETHNICITY/RACE

**Step 3. Verify Ethnicity/Race (Required)**

**Racial and Ethnic Categories and Subgroups**

**Part I: Ethnicity Designation**

Is the person Hispanic or Latino?

Hispanic or Latino [If selected go to Question I-A]  
 Not Hispanic or Latino [If no, go to Question Part II]

**Optional Question I-A: If Hispanic or Latino was chosen above, select all that apply from the list below:**

Colombian  Ecuadorian  Guatemalan  
 Mexican  Puerto Rican  Salvadoran  
 Spaniard/Spanish/Spanish-American  Decline to indicate  
 Unknown  Other

---

**Part II: Race Designation**

Select one or more of the following categories that apply to this person:

American Indian or Alaska Native [If selected go to question II-A]

**Optional Question II-A: If chosen, select ONE that applies from the list below:**

Bad River Band  Forest County  Ho-Chunk  
 Lac Courte Oreilles  Lac du Flambeau  Menominee  
 Oneida Nation (Wisconsin)  Red Cliff  Sokaogon  
 St. Croix  Stockbridge  Brothertown  
 Other

Asian [If selected go to question II-B]

**Optional Question II-B: If chosen, select all that apply from the list below:**

Burmese  Chinese  Filipino  
 Hmong  Indian  Karen  
 Korean  Vietnamese  Other  
 Decline to indicate  Unknown

Black or African American [If selected go to question II-C]

**Optional Question II-C: If chosen, select all that apply from the list below:**

African-American  Ethiopian-Oromo  Ethiopian-Other  
 Liberian  Nigerian  Somali  
 Decline to indicate  Unknown  
 Other

Native Hawaiian or Other Pacific Islander

White

[Complete Step 3 and move to Step 4](#)

# 4. FOOD SERVICE APPLICATION

**Student Info Update**

STUDENT3 (Summer School 2024-2025)

**Step 4. Food Service Application (Required)**

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

**FEDERAL INCOME CHART**  
For School Year 2024-25

Household Size	Yearly		Twice Per Month		Every Two Weeks	
	Monthly	Yearly	Month	Yearly	Weeks	Weekly
1	2,322	27,861	1,161	13,932	1,072	536
2	3,152	37,814	1,576	18,912	1,455	728
3	3,981	47,767	1,991	23,892	1,838	919
4	4,810	57,720	2,405	28,860	2,220	1,110
5	5,640	67,673	2,820	33,840	2,603	1,302
6	6,469	77,626	3,235	38,820	2,986	1,493
7	7,299	87,579	3,650	43,800	3,369	1,685
8	8,128	97,532	4,064	48,768	3,752	1,876
Each Additional Person:			415	4,980	383	1,920
			830	9,960	766	3,840

Choose one of the following options:

[Food Service Application](#)

---OR---

I do not qualify for benefits or do not wish to complete an application

[Complete Step 4 and move to Step 5](#)

# 5. FREE & REDUCED-DISCLOSURE OF BENEFITS

**DISCLOSURE OF MEAL BENEFITS WAIVER (FREE & REDUCED)**

SCHOOL DISTRICT OF LA CROSSE  
Dream • Believe • Achieve

School: Summer School Student Name: STUDENT3 TEST Grade: 09

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs, upon District personnel's request, for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals. **You will be asked to complete this form annually.**

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

**FEDERAL INCOME CHART**  
For School Year 2024-25

Household Size	Yearly		Twice Per Month		Every Two Weeks	
	Monthly	Yearly	Month	Yearly	Weeks	Weekly
1	2,322	27,861	1,161	13,932	1,072	536
2	3,152	37,814	1,576	18,912	1,455	728
3	3,981	47,767	1,991	23,892	1,838	919
4	4,810	57,720	2,405	28,860	2,220	1,110
5	5,640	67,673	2,820	33,840	2,603	1,302
6	6,469	77,626	3,235	38,820	2,986	1,493
7	7,299	87,579	3,650	43,800	3,369	1,685
8	8,128	97,532	4,064	48,768	3,752	1,876
Each Additional Person:			415	4,980	383	1,920
			830	9,960	766	3,840

\*\* If you do not qualify or are unsure if you qualify for Free & Reduced benefits, please check the box below, otherwise complete the Disclosure of Meal Benefits Waiver section.

I do NOT qualify or I am unsure if I qualify for Meal Benefits (Free & Reduced)

**Disclosure of Meal Benefits Waiver**

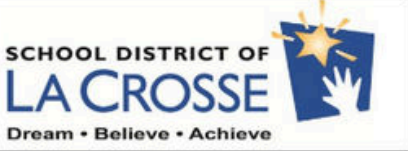
Please check the following programs that you would like to share your Free & Reduced status. *If any of the items are not completed, they will default to NO.*

Program	Yes	No
<b>All Grade Levels:</b>		
Band, Orchestra, and Instrument fees	<input type="checkbox"/>	<input type="checkbox"/>
Sport Fees	<input type="checkbox"/>	<input type="checkbox"/>
Food (Bag, Basket, Backpack, Pantry, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Holiday Giving (Thanksgiving, Winter or Spring Break, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Random Acts of Kindness (ONLY if RAK is based on F/R)	<input type="checkbox"/>	<input type="checkbox"/>
Transportation/Busing	<input type="checkbox"/>	<input type="checkbox"/>
Fees to Purchase Text Books	<input type="checkbox"/>	<input type="checkbox"/>
<b>High School Grades Only:</b>		
College Admissions/Application Fees	<input type="checkbox"/>	<input type="checkbox"/>
NCAA (National Collegiate Athletic Association)	<input type="checkbox"/>	<input type="checkbox"/>
Parchment Transcript Fee Waiver (Transcript Request Program)	<input type="checkbox"/>	<input type="checkbox"/>
PSAT (Preliminary Scholastic Aptitude Test)	<input type="checkbox"/>	<input type="checkbox"/>
SAT (Scholastic Aptitude Test)	<input type="checkbox"/>	<input type="checkbox"/>
College Dual Credit Course Fees	<input type="checkbox"/>	<input type="checkbox"/>
ACT Fees (Retakes)	<input type="checkbox"/>	<input type="checkbox"/>
MARC Pre-College Scholarship Application Fees	<input type="checkbox"/>	<input type="checkbox"/>
Accuplacer Fees	<input type="checkbox"/>	<input type="checkbox"/>
Drivers Ed Fee	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Per DPI and Federal Guidelines, your Free & Reduced information does not require parental consent to be shared with programs such as the National School Lunch Act or Child Nutrition Act, Federal education programs, state education programs or Federal/State or local means tested nutrition programs with eligibility standards comparable to the National School Lunch Program (NSLP).  
\*For questions call the School Nutrition Office at 608-789-7625.

# 6. STUDENT ACCIDENT INSURANCE

<b>STUDENT ACCIDENT INSURANCE</b>	 <p><b>SCHOOL DISTRICT OF LA CROSSE</b> Dream • Believe • Achieve</p>
-----------------------------------	--

Dear Parents:

There is an accident insurance policy available from Student Assurance Services, Inc. that you may purchase to provide coverage for your child/ren. The School District of La Crosse does not provide any health or accident insurance for injuries incurred by your child/ren while at school or participating in co-curricular activities.

We encourage you to review your present health and accident insurance program to determine if your coverage is adequate. If you do not feel your insurance is adequate because of a deductible or co-insurance clause, or if you do not have insurance, we encourage you to review the student insurance program. Please note, this plan will provide benefits for medical expenses incurred because of an accident. It does not offer coverage for illnesses. **If you have other insurance, these benefits will be coordinated with your deductible and/or co-pays.** This insurance may be purchased at any time during the school year (after August 1).

An explanation of the cost and benefits is explained in the brochure that is available on the District website at [www.lacrosseschools.org](http://www.lacrosseschools.org) under the Enrollment - Student Accident Insurance tab.

To purchase this optional coverage:

1. Complete a separate enrollment form for each child. Please print clearly.
2. Enclose a check or money order made payable to Student Assurance Services, Inc. Print your child's name on the memo line of the check. If paying by credit card, complete the credit payment form and enclose it in the envelope.
3. Send the enrollment form and payment to: Student Assurance Services, Inc., PO Box 196, Stillwater, MN 55082-0196. Coverage will become effective at 12:01 a.m. following the date the envelope containing the enrollment form and premium is postmarked by the U.S. Post Office but not prior to August 1. **DO NOT SEND YOUR ENVELOPE BACK TO THE SCHOOL.**
4. Retain the summary of coverage.

I have been offered an optional student accident insurance policy from Student Assurance Services, Inc. (Check one below)

I will purchase the optional student accident insurance policy from Student Assurance Services, Inc.

I will NOT purchase the optional student accident insurance policy and am declining coverage for my child

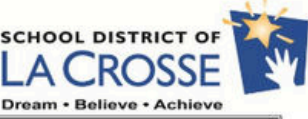
All questions regarding the coverage should be directed to Student Assurance Services, Inc. 651-439-7098 or toll free 800-328-2739.

Thank you,

Davita Molling  
Supervisor of Finance

*This program is underwritten by Ameritas Life Insurance Corp. located in Lincoln, Nebraska and administered by Student Assurance Services, Inc. of Stillwater, Minnesota.*

# 7. HEALTH FORMS

<b>SCHOOL DISTRICT OF LA CROSSE</b> <b>ANNUAL STUDENT HEALTH</b> <b>INFORMATION UPDATE 2025</b>	 <p><b>SCHOOL DISTRICT OF LA CROSSE</b> Dream • Believe • Achieve</p>
---	--

STUDENT NAME: STUDENT3 TEST	DATE OF BIRTH: 03/01/2005
SCHOOL: Summer School	GRADE: 09

Dear Parent/Guardian:

Please review the information in the "Current Alert Info" box below. This is the information we have on record to share with school staff for your child's health and safety at school. An empty "Current Alert Info" box means that your child has no known health concerns for school. If this is correct, please check "NO CHANGES" and sign below.

**Current Alert Info:**  
2017 BEE STING ALLERGY - EPI PEN IN HEALTH ROOM

**NO CHANGES** for my child's health records.  
If it is necessary to update the information, please check any health conditions that require attention during the school day or at co-curricular activities.

**Additions or Changes: (Check those that apply)**

**ADD/ADHD** Will your child need medication at school?

**ALLERGIES** (Be specific) My child has an EpiPen?

Foods	Reaction
Bee Sting or Insect Bites	Reaction
Medicines	Reaction
Environmental/Seasonal	Reaction
Other	Reaction

**ASTHMA** Will your child need an inhaler at school?

**CARDIAC (HEART) CONDITION** Restrictions  \*Requires physician note

**DIABETES**  Insulin Pump  Insulin Injections  Glucagon

**SEIZURE CONDITION** Include Type

Emergency Medication

**OTHER HEALTH CONDITION**(Please list)

**MEDICATION:**

- The school does not supply medication.
- All medication given at school requires a School Medication/Procedure Form, available at our website, [www.lacrosseschools.org](http://www.lacrosseschools.org), or at your local health care practitioner's office.
- Over-the-counter (OTC) Medication: A School Medication/Procedure Form must be signed and dated by a parent/guardian. A health care practitioner's signature is only required if the dose exceeds the recommended label directions.
- Prescription Medication (including inhaler/EpiPen carried by your child): A School Medication/Procedure Form must be signed and dated by a parent/guardian and a health care practitioner.

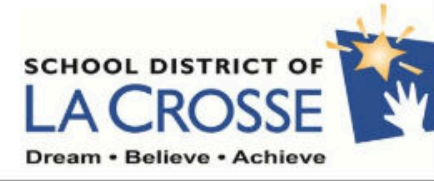
**My signature gives permission to share this health information with school staff and district transportation providers, and La Crosse Promise Future Center Advisors working with my child. This information will be used, if necessary, for safety at school, on field trips, and other school activities.**

Parent/Guardian Signature:

Relationship:

Date:

# 8. LA CROSSE PUBLIC EDUCATION FOUNDATION/LA CROSSE PROMISE

<p><b>LA CROSSE PUBLIC EDUCATION FOUNDATION AND LA CROSSE PROMISE</b></p> <p><b>PARENT EMAIL RELEASE FORM</b></p>	
---	---

The School District of La Crosse gets important support from many community organizations, in particular the La Crosse Public Education Foundation (LPEF) and the La Crosse Promise.

These two critical nonprofit organizations would like permission to send you an occasional email newsletter or other updates on how they are helping our schools and community. **Your parent email will be shared with them unless indicated below.**

LPEF provides grants to teachers and others to support innovation and enhance educational opportunities for all students in the District. In addition, LPEF provides Random Acts of Kindness accounts at each school to address needs of individual students, plus provides other financial support for District programs. Learn more at: [LaCrosseEducationFoundation.org](http://LaCrosseEducationFoundation.org).

No, I do not want my email shared with the La Crosse Public Education Foundation.

La Crosse Promise Future Centers serve all high school students in the District by providing career and post-secondary education advising. The Promise also has a neighborhood program that provides up to \$50,000 in college scholarships to families who build, buy a new home or renovate a home in select city neighborhoods. Find out more at [lacrossepromise.org](http://lacrossepromise.org).

No, I do not want my email shared with the La Crosse Promise.

# 9. CODE OF RIGHTS AND RESPONSIBILITY



**Code of Rights and Responsibilities**  
2024-2025  
For Students, Parents/Guardians and Staff


Table of Contents	Page
Introduction	2
Discipline Philosophy	3
Shared Rights and Responsibilities	5
Positive School Cultures	7
Key District Policies, Rights and Responsibilities	8
Standards of Student Behavior and Staff Responses	18
Special Education and Section 504 Protections	20
Concerns and Grievances	21
Common Terms	22
Report Forms	24
<b>Board of Education</b>	
Tim Alberts	
Jim Bagniewski	
Katie Berkedal	
Merideth Garcia	
Juan Jimenez	
Adam Manka	
Scott Neumeister	
Trevor Sprague	
Deb Suchla	
<b>Superintendent</b>	
Dr. Aaron Engel	



# 10. ATHLETICS REGISTRATION

## MIDDLE AND HIGH SCHOOL ONLY

**School District of La Crosse Student Athletic Registration Form 2025**



Student Name:  Date of Birth:  Grade:  Gender:

Any recent changes made to family information, such as address, phone number, email, etc, is pending approval and may not yet be reflected in the information below.

Please check the box below if you attend one of these schools:

CRVA     Polytechnic     Homeschool

*Parents and Student/Athletes are encouraged to complete this process together.*

**Step One:** Read the Handouts below from the WIAA regarding Eligibility and Sportsmanship, the ImPACT Baseline Testing Consent Form (High School only), and the handouts about concussions (these links are below). There is a separate handout for student/athletes and parents. **DO NOT** print these forms! Just read them and complete this form. By completing this form, you will consent to the guidelines and expectations in each one of these handouts.

[WIAA Eligibility \(HS Only\)](#)  
[Student Athlete Concussion and Heart Health Info \(DPI Link\)](#)  
[Parent Concussion Info](#)  
[WIAA Parental Guide to Sportsmanship](#)  
[ImPACT Baseline Testing Consent Form](#)

**Step Two:** Once this form is completed, please be sure to click the "Complete Step 1 and move to Step 2" button and click the "Submit Athletic Registration" button to complete your registration.

**Step Three:** Submit your signed Physical Form. This can be emailed or turned into your school's athletic director.

**Activity - Please select the sports your child will be doing for each season. Specific grade levels are indicated for the Middle School activities and High School activities are indicated by 'HS'. If they are not in a sport for a certain season, please select "None":**

Fall


Winter

Spring

Other

# 11. DENTAL SEALANTS

2025



Hello Families,

The La Crosse County Seal-A-Smile program will be offering dental care services during the school day at the following schools. Dates may be subject to change.

Dates	School	Grades
September 9 - 18 and March 12 - 13	Logan Middle	6 - 8
September 24 - 26 and March 5	State Road	2 - 5
September 30 - October 9 and April 8 - 9	Hintgen	K - 5
October 21 - 25 and March 20	Summit	2 - 5
October 28 - November 6 and May 6 - 7	Hamilton/SOTA	K - 5
November 18 - 26 and March 26	Northside/CM	K - 5
December 2 - 6 and March 26	Spence	2 - 5
December 9 - 13 and March 27	Southern Bluffs	2 - 5
December 17 - 19 and April 2	Polytechnic	6 - 12
January 6 - 16 and April 23 - 24	Longfellow	6 - 8
January 21 - 24 and April 3	Emerson	2 - 5
January 27 - 31 and April 30 - May 1	Logan High	9 - 12
February 3 - 7 and May 14	North Woods	2 - 5
February 17 - 21 and May 15	Central High	9 - 12

If you have a child that is in CRVA or is not able to make it to one of the scheduled dates above, services will also be provided at the following Back to School Fairs:

Dates	Sites
July 9	Erickson Boys and Girls Club
August 6	La Crosse Center
August 7	La Crosse Center
August 20	Mathy Boys and Girls Club

- Services are provided by a Registered Dental Hygienist and include a basic screening, cleaning if needed, dental sealants, and fluoride varnish treatments.
- Sealants and cleanings will be provided once per school year
- Fluoride varnish will be provided twice per school year at least 3 months apart
- There is no cost to participate in the program
- This takes about 10-20 minutes depending on how many sealants your child needs
- Wondering what a dental sealant is? [Click here to watch a video](#)

**Would you like your child to participate in this program?**

Yes - sign up online by going to <https://sealasmile.wisconsin.gov/Consent/Home/About>.

\*If you follow this link, you WILL be able to come back to this page. You may sign up all eligible children at this time. If you do this, please make sure to still complete this form for each child.

No

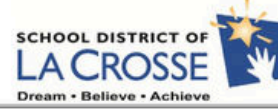
Thank you for your consideration.

Sincerely,  
Your School District of La Crosse School Nurses

Parent/Guardian Signature:  Date:

# 12. TECHNOLOGY FORMS

**School District of La Crosse Student Technology Forms 2025**



**SCHOOL DISTRICT OF LA CROSSE**  
Dream • Believe • Achieve

Student Name:  Date of Birth:  Grade:

**Expectations and Acceptable Use Handbook**

Please click the link below to review the School District of La Crosse Student Expectations and Acceptable Use Handbook.

[School District of La Crosse Student Expectations and Acceptable Use Handbook](#)

**Acknowledge** I have read and reviewed this handbook with my student and acknowledge the guidelines set forth in the Student Expectations and Acceptable Use Handbook.

**Notice and Expectations for Participation in 2-way Video Conferencing**

The School District of La Crosse provides 2-way video conferencing access within Google Meet. This involves video conferencing between school staff and individual students, or small groups of five or less students. This resource is used solely for the purpose of supporting the instructional needs of the students invited. During any use of 2-way video learning platforms there are expectations of behavior that must be followed in order to maintain the safety and respect of those participating.

Below is a list of School District of La Crosse expectations for students when participating in 2-way video learning.

**Student Expectations and Guidelines for Participation**

1. Inappropriate use/behavior of 2-way video conferencing will be handled according to the district's Discipline and Acceptable Use policies.
2. Share the times that video conferencing will occur with those in your household.
3. Parents/Guardians should be mindful of what family activities would be potentially seen or heard during the students' use of video conferencing. This is a great tool to keep students and teachers connected, but please have your students use these tools somewhere near enough you can monitor, yet private enough to concentrate on their work.
4. Please attempt to keep all background noise and distractions to a minimum. If you are in a location where you cannot avoid background noise mute your device and feel free to listen in.
5. Attempt to select an area in your home with enough space for necessary items - books, notebooks, computers, etc.
6. Teachers will have guidelines for how to ask your questions during this time. Follow those directions.
7. Do not share your screen unless directed to by your teacher. When using video, sit where the device remains stable (on a table or desk) and the camera is directed on the face.
8. School appropriate dress is required during participation at all times.
9. Polite and professional language shall be used at all times.
10. Speak in a controlled and clear manner so everyone can hear. Try not to talk over others. It's tricky in a digital environment.
11. Promptly exit the meeting when the meeting time is over. Your instructor will be the first one on and the last one out of the meeting.
12. Only accept invitations for meetings from school staff, and do not create your own meetings.
13. Give your best effort online as you would in the classroom.
14. You do not need to put your camera on if you do not want to do so.
15. Prior to recording any conference, all participants must be notified.

**Acknowledge**

If any parent/guardian would like to "opt-out" of this resource for instruction and support, please contact their child's teacher. If an "opt-out" occurs the teacher will not invite the student to future video conferencing sessions but will still have access to course content.

**iPad Self Insurance Form**

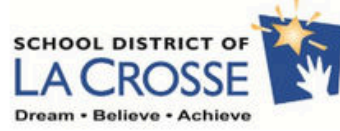
Insurance is valid for a period of a year:

- All schools (including CRVA) - July 1st - June 30th

**YES, I opt to select the district's self-insurance:**  
iPad Insurance - \$20.00 (Grades K-12)

# 13. ANNUAL CONSENT TO TREATMENT OF STUDENT AND ANNUAL WALKING FIELD TRIP

**ANNUAL AUTHORIZATION TO CONSENT TO TREATMENT OF STUDENT/ ANNUAL WALKING FIELD TRIP PERMISSION**



**SCHOOL DISTRICT OF LA CROSSE**  
Dream • Believe • Achieve

**ANNUAL AUTHORIZATION TO CONSENT TO TREATMENT OF STUDENT/ANNUAL WALKING FIELD TRIP PERMISSION**  
SCHOOL YEAR: 2024 - 2025

STUDENT NAME: <input type="text" value="STUDENT3 TEST"/>	GRADE: <input type="text" value="09"/>	PRIMARY PHONE: <input type="text" value="507-459-1885"/>
ADDRESS: <input type="text" value="807 S EAST AV LA CROSSE WI 54601"/>	PHONE #2: <input type="text"/>	PHONE #3: <input type="text"/>
FAMILY DOCTOR: <input type="text"/>	HOSPITAL: <input type="text"/>	

(We), the undersigned Parent/Guardian of the above mentioned student minor do hereby authorize the staff member of the School District of La Crosse supervising the activity concerned, including but not limited to daily activities, walking, and long distance field trips, and extended travel, as agent for the undersigned, to consent to any x ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon on the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/his best judgement may deem advisable.

Also, the authorized school district staff has the authority to call for emergency medical transportation or provide transportation himself/herself, for the benefit of the involved student, as the staff person deems necessary.

Every effort will be made to contact parents or guardians to explain the nature of the problem prior to any involved treatment.

**This authorization shall remain effective until the end of the school year.**

Signature of Parent/Guardian Date Signed

\*\*\*\*\*

**ANNUAL WALKING FIELD TRIP PERMISSION/CONSENT TO TREAT**

I hereby give permission for my child to go on field trips within walking distance from my child's school for the entire school year. I understand that if I have any special concerns regarding my child participating in field trips I should convey such requests in writing to the supervising teacher. If possible, such special requests will be honored. It is understood that my child will abide by the instructions given by the supervising teacher.

Signature of Parent/Guardian Date Signed

# 14. MAKE AN ONLINE PAYMENT

**Student Info Update**

STUDENT3 (Summer School 2024-2025)

**Step 14. Make an Online Payment (Optional)**

For your convenience, you may make an online payment for your Device Insurance, Food Service Payment, or any other school related fees at this time.

If you do not wish to make a payment at this time, click the "Next Step" button in the lower right corner or click on Step 15 on the right. A green check mark will not display for Step 14. This will not prohibit you from submitting your information.

You may make online payments anytime through Family Access.

[Make an Online Payment](#)

[Complete Step 14 and move to Step 15](#)

# 15. MIGRANT ELIGIBILITY FORM

**SCHOOL DISTRICT OF LA CROSSE**  
**MIGRANT ELIGIBILITY FORM**  
2025

**SCHOOL DISTRICT OF LA CROSSE**  
Dream • Believe • Achieve

STUDENT NAME:  DATE OF BIRTH:  GRADE:

**Questions for Enrollment to Determine Potential Migrant Eligibility**

Please answer the following questions to determine if your child may qualify for supplemental education and support services through the Migrant Education Program. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is strictly confidential.

Si usted desea recibir esta información en español, por favor contáctese (608)789-7756 [registrar@lacrossesd.org](mailto:registrar@lacrossesd.org).

Yog koj xav tau cov ntab ntawv no txhais ua lus Hmoob, thov tiv tauj tus xov tooj (608) 789-7756 los yog sau ntawv rau tus email [registrar@lacrossesd.org](mailto:registrar@lacrossesd.org).

**1. Within the last 3 years, have you or anyone in your household moved for any reason?**

Yes  No

**2. Are you working or have you ever worked in agriculture in the last three years?**

Yes  No

If you answered NO to either of these questions, please stop.  
If you answered YES, please continue.

**3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States?**

Month  Year

**4. Please check any of the agricultural activities listed below that you have looked for or worked in:**

- Plant or harvest vegetables or fruits
- Canning vegetables or fruits
- Detassel corn
- Sod farm
- Tobacco farm
- Planting, pruning or cutting trees
- Poultry and/or egg farm
- Dairy farm
- Duck, turkey, chicken, pork or beef processing plant
- Flora culture/gladiola farm
- Aquaculture/fish hatcheries
- Green house or plant nursery

Parent/Guardian Signature:  Date:

**16. SIGNATURE PAGE**

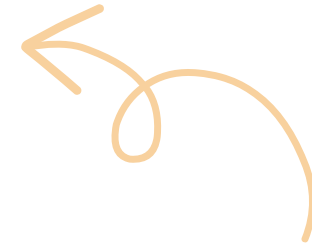
Sign & date

**17. SUMMARY PAGE**

Review

**18. COMPLETE STUDENT INFO  
UPDATE**

Submit



**FINAL  
REVIEW**



**CONGRATS!**  
**Student Info Update has  
been completed!**

