Appleton Area School District

Valley New School Summer School Registration Form

Please turn in your registration form to Valley New School, attn: Jennifer Kosloski.

Student Information

- **Student Name:** _____
- **Gender:** ☐ M ☐ F
- **Date of Birth:** _____
- **Address:** _____ **Apt**:_____
- **City:** _____ **Zip:** _____
- **Current School:** _____ **Grade Next Fall:** _____

Parent/Guardian Information

- **Primary Phone Number to Contact (Available 8:45–11:45 AM):**_____
- **Parent/Guardian 1:** _____
  Phone: _____ Email: _____
- **Parent/Guardian 2:** _____
  Phone: _____ Email: _____

Student Support & Health

- **IEP/504/Intervention Plan?** ☐ Yes ☐ No
  If yes, explain: _____
  Note: Summer classes do not implement IEP services per WI DPI. https://www.aasd.k12.wi.us/programs-services/services/special-education/current-families/summer-school-participation-for-students-with-disabilities

Health Concerns/Medical Needs: _____

- **Medications at Summer School?** ☐ Yes ☐ No
  If yes, list: _____
  Reason: _____
  Administration: ☐ Daily ☐ As Needed ☐ Emergency
- *Bring medications to the Site Coordinator on the first day.*

Authorization

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

Parent/Guardian Signature: _____

Questions? Contact the Summer School Office: **(920) 852-5332**