



Appleton Area School District

Elementary Summer School Registration Form

(Only for families NOT using online registration.) Turn in completed forms to the school your child will attend.

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 8:30–11:30 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.*

Class Choices

- **Summer School Site:** _____
- **8:30 Class:** _____
- **9:30 Class:** _____
- **10:30 Class:** _____

You will be notified if a class is unavailable. For mailed confirmation, include a self-addressed stamped envelope.

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**

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