



Appleton Area School District

Middle School 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 8:45–11:45 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.

Class Choices

- Summer School Site: _____
- 8:45 Class: _____
- 9:45 Class: _____
- 10:45 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 #_____