Summer School Pre-Registration & Emergency Form

Must complete if child does not attend a Lake Mills Public School during the school year.

Child's Name:_____ Date of Birth:_____ Sex: M F

Current Address:_____ City:_____ Zip:_____

Student's Home Phone:_____ Current Grade Level: _____

Current School of Attendance:_____

Child Lives with: _____ Father _____Mother _____Both _____other, explain:_____

Father's Name:_____ Phone/Cell:_____

Mother's Name:_____ Phone/Cell:_____

Home email:_____

If there are any child custody issues the school should be aware of, please inform the school in writing.

In case of illness or injury, parents will be called first. Please list two alternate contacts, besides yourself, in case you are unavailable.

Name:	Relationship to Student:	Phone #:
Name:	Relationship to Student:	Phone #:

RESIDENCY

Any student seeking entrance into the Lake Mills Area School District summer school program must reside within the established boundaries of the district. The child's parent or legal guardian must reside within the Lake Mills Area School District boundaries. Non-resident students will be charged tuition in accordance with state tuition laws (121.77). Non-resident students who have applied to the Board of Education by April 2026 for the Public School Open Enrollment Program, and have been approved to enroll for the 2026-27 school year, may have tuition waived for summer school. Summer school tuition is $145/single and $290/double courses and $100 for swim lessons.

Proof of residency will be required for students seeking to enroll in the Lake Mills Area School District Summer School Program.

Items needed to pre-register:

- Summer School Pre-Registration & Emergency Form
- Proof of Residency Form and supporting documentation (to be verified)
- Signed AUP (Technology Form)

Completed forms can be emailed to Rebecca.Crenshaw@lakemills.k12.wi.us or dropped off at the District Office. You will then receive your login information for Skyward Family Access 1-2 days before Arena Scheduling opens, by email. For questions regarding pre-registration please contact Rebecca Crenshaw at 920-648-2215 ext. 366.

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Lake Mills Area School District –SS Health Information 2024

Health Information: This information must be reviewed/updated annually to ensure our records are current.

Student Name: DOB: GRADE:

YES (X)	NO (X)		
		Diagnosed Food Allergies: Food Sensitive:	Cause/reaction:
		Other diagnosed allergies:	Cause/reaction:
		Severe reaction to insect stings.	Cause/reaction:
		***EPI-PEN required for the following:**	***EPI-PEN at School**: ☐ In School Office ☐ With Student
		***Asthma** (check one): ☐ Mild ☐ Moderate ☐ Severe	***Inhaler at School:** ☐ In School Office ☐ With Student
		Heart Condition (describe):	
		Vision Problems (describe):	Wears corrective lens: ☐ Yes ☐ No
		Diagnosed Attention Disorders (describe):	
		Hearing Loss (describe):	
		Diabetes (describe):	
		Seizures (describe):	Date of last seizure:
		Migraines/Headaches (describe):	
		Bathroom Issues (describe):	
		Emotional Problems (describe):	

Additional Pertinent Medical Information:

Please list any medications taken at home that the school needs to be aware of:

***If an EPI-Pen or inhaler will be needed during summer school hours, additional forms, that require a doctor's signature, will need to be completed prior to the start of summer school. Please contact Toni Zastrow, our school nurse, for more information. Contact information: toni.zastrow@lakemills.k12.wi.us or (920) 648-2338 x427.**

In the event of an injury, I give my consent for general first aid treatment to be given to my child. If it is deemed necessary, hydrogen peroxide, benedryl or anti-itch cream, hydrocortisone cream or bacitracin may be used. **Yes/No**

If emergency treatment is required, and the parents cannot be reached immediately, the school will call the local EMS for emergency treatment and transportation to a hospital. If this is NOT acceptable, what do you want done in a life-threatening situation? _____

Doctor:_____ Phone:_____

Dentist:_____ Phone:_____

The parent/guardian signature below:

- Allows the school to share health concern information with district staff that may come in contact with the student.
- Authorizes that information regarding treatment or injury may be shared between emergency personnel and the appropriate district staff.
- Authorizes treatment by trained district staff for my child in the case of injury or medical treatment.

Signature: **Date:**