



WAUSAU SCHOOL DISTRICT

Longfellow Administration Center

415 Seymour Street • P.O. Box 359 • Wausau, Wisconsin 54402-0359 • 715-261-0500 • www.wausauschools.org
Cale Bushman, Superintendent of Schools

Welcome!

Thank you for choosing the Wausau School District for your child's educational journey! Parents and students alike are supported and encouraged by more than 1,200 caring faculty and staff members. We stand ready to help you and your child(ren) with any questions you may have throughout the enrollment process and beyond.

Within this folder you will find several forms that need to be completed.

The District provides free transportation to students who live two or more miles from their home school. There may be other circumstances in which a free bus ride to school is available. First Student is the provider of our yellow school buses and Metro Ride, the City of Wausau public transportation system, also provides some student busing for the District.

Wausau School District is on social media! Please like us on Facebook, follow us on Twitter and Instagram -- search for **WausauSchDist** -- and please encourage your family and friends to like and follow, too. We are proud of our students, staff, schools, and programs and want to share our awesome happenings!

Sincerely,

Cale Bushman
Superintendent of Schools

It is the mission of the Wausau School District to advance student learning, achievement, and success.

The District does not discriminate on the basis of the Protected Classes of race, color, national origin, age, sex (including transgender status, change of sex, sexual orientation, or gender identity), pregnancy, creed or religion, genetic information, handicap or disability, marital status, citizenship status, veteran status, military service (as defined in 111.32, Wis. Stats.), ancestry, arrest record, conviction record, use or non-use of lawful products off the District's premises during non-working hours, declining to attend a meeting or to participate in any communication about religious matters or political matters, or any other characteristic protected by law in its practices. (Updated 10.08.24)



Student Enrollment Form

Date & Time Received _____
School Name _____
ID Number _____
Home Attendance Zone _____
Entry Date _____
Birth Verification _____

Interpreter needed? ☐ YES ☐ NO Type _____
Today's Date _____ Child's Gender ☐ Male ☐ Female Child's Date of Birth (month/day/year) _____
Child's Full Legal Name (last, first, middle) _____ Grade _____
Child's Primary Address _____ City, State, Zip _____
Household Phone Number(s) _____
Child's Birthplace (City & State or Country if not born in the U.S.) _____
Date first entered U.S. _____ Date first entered U. S. School _____ Date first entered Wisconsin Schools _____
Has child ever registered under a different name? ☐ YES ☐ NO If yes, please provide full name: _____
School child most recently attended (Name, Address, City, State and Zip) _____

Please check any special programs in which the child has participated:

☐ Special Education/IEP ☐ 504/At Risk ☐ ESL/ELL/EL ☐ Gifted/Talented

Has child ever been expelled from school? ☐ YES ☐ NO If yes, please provide date(s) _____

Has child ever been withdrawn from school to avoid expulsion proceedings? ☐ YES ☐ NO If yes, please provide date(s) _____

LITERACY If your child is entering Kindergarten – Grade 3, please answer the following questions. _____

Is your child interested in reading or being read to? ☐ YES ☐ NO

Has your child ever been recommended for summer reading intervention or support? ☐ YES ☐ NO

Has your child ever been recommended to receive reading or writing tutoring services outside of the school setting? ☐ YES ☐ NO

Has anyone in the child's immediate family been diagnosed with dyslexia, or experienced difficulties with reading and spelling (either as a child or adult)? ☐ YES ☐ NO

RACE & ETHNICITY _____

Is the child Hispanic or Latino? ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Check one or more of the following categories that apply to this child:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Is a language other than English spoken in the home on a regular basis? ☐ YES ☐ NO If yes, what language? _____

Does the student use a language other than English on a regular basis? ☐ YES ☐ NO If yes, what language? _____

MILITARY _____

Is either parent or guardian in the military? ☐ YES ☐ NO Branch _____

Is either parent or guardian on **ACTIVE DUTY** in the military? ☐ YES ☐ NO

Is either parent or guardian a traditional member of the Guard or Reserve? ☐ YES ☐ NO

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? ☐ YES ☐ NO

Military start date _____ Military end date _____

Please complete second page

HOUSING

Is the child homeless? ☐ YES ☐ NO If yes, please select the option that best represents the child's current housing situation:

- ☐ Motel, hotel, trailer park, or campground due to lack of alternative housing ☐ Shared housing/doubled up in one residence
☐ In emergency or transitional shelter ☐ Awaiting foster care placement
☐ Primary night time residence is not ordinarily used as a regular sleeping accommodation
☐ Unsheltered - living in vehicle, park, public space, abandoned building, substandard housing, bus or train station, etc.

FAMILY INFORMATION

Child presently living with (Please check all that apply):

- ☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Foster Mother ☐ Foster Father
☐ Guardian ☐ Adult Sibling ☐ Spouse ☐ Other _____

■ **Mother's Legal Name** _____ **Mother's Date of Birth** _____

Receive mailings (i.e. Report Cards and Progress Reports)? ☐ YES ☐ NO Is Mother a Migrant Worker? ☐ YES ☐ NO

Mother's Primary Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

■ **Father's Legal Name** _____ **Father's Date of Birth** _____

Receive mailings (i.e. Report Cards and Progress Reports)? ☐ YES ☐ NO Is Father a Migrant Worker? ☐ YES ☐ NO

Father's Primary Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

■ Siblings living at same primary address as child

Name _____ Date of Birth (month/day/year) _____ ☐ Male ☐ Female

Name _____ Date of Birth (month/day/year) _____ ☐ Male ☐ Female

Name _____ Date of Birth (month/day/year) _____ ☐ Male ☐ Female

Name _____ Date of Birth (month/day/year) _____ ☐ Male ☐ Female

DIGITAL EQUITY

1. Can the student access the internet on their primary learning device at home? ☐ YES ☐ NO - Not Available ☐ NO - Not Affordable
☐ NO - Other _____

2. What is the primary type of internet service used at the residence?

- ☐ Residential Broadband (DSL, Cable, Fiber) ☐ Cellular Network ☐ Satellite ☐ Dial-up ☐ None
☐ Hot Spot (school provided hot spot or school provided service) ☐ Community Provided Wi-Fi ☐ Other ☐ Unknown

3. Can the student stream a video on their primary learning device without interruption? ☐ YES - No Issues ☐ YES - But Not Consistent ☐ NO

4. What device does the student most often use to complete school work at home?

- ☐ Desktop Computer ☐ Laptop Computer ☐ Tablet ☐ Chromebook ☐ Smartphone ☐ None ☐ Other

5. Who provided the primary learning device to the student? ☐ School ☐ Personal ☐ Other

6. Is the primary learning device shared with anyone else in the household?

- ☐ Personal-Dedicated ☐ Personal-Shared ☐ School Provided-Dedicated ☐ School Provided-Shared
☐ Shared ☐ Not Shared ☐ Unknown ☐ None

How did you hear about the Wausau School District? _____

Name of person completing this form _____ Relationship to child _____

Parent/Guardian Signature _____ **Date** _____



Emergency Contact Field Trip Authorization Health Services & First Aid Protocol

Student Name: _____ Date of Birth: _____ Gender: _____
Grade _____ School: _____

Local Contact Person(s) If Parent/Guardian Cannot Be Reached

Contact Person: _____ Gender: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Employer & Work Phone: _____

Contact Person: _____ Gender: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Employer & Work Phone: _____

I consent for my child to participate in School and/or District approved Field Trips.
☐ YES ☐ NO

The Wausau School District provides first aid and other health services to students based on our district health protocols and policies. Parents who do not wish to have their child receive health services must contact the building principal. I understand that health services will be provided by unlicensed personnel and not a registered nurse. Unlicensed staff will provide basic daily medical needs, 911 will be utilized for emergency care.

Inclement Weather Instructions – Elementary Only

If school must close during the instructional day, we need to know what plans you have made for your child. It is difficult for students to telephone for instructions at these times. Please fill out the form below, **discuss the plan with your child**, and return the form to school. In the event of school closing during the instructional day, my child should:

- ☐ Walk home as usual ☐ Ride bus as always ☐ Wait at school - I will pick up my child
☐ Other _____

Parent/Guardian Signature: _____ Date: _____



Wisconsin Home Language Survey

Student Name (first, middle initial, last): _____

District: **Wausau School District** - School: _____ Grade: _____ Student ID: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Parent/Guardian Signature: _____

PURPOSE

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child. Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

SECTION 1

1. Was the first language used by this student English? ☐ YES ☐ NO

Yes: Go to Question 2 No: Go to Question 3

2. When at home, does this student hear or use a language other than English more than half of the time? ☐ YES ☐ NO

Yes: Go to Question 4 No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

3. When at home, does this student hear or use a language other than English more than half of the time? ☐ YES ☐ NO

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2. No: Go to Question 4

4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time? ☐ YES ☐ NO

Yes: Administer ELP Screener. Record other language(s). HLS is complete. Go to Section 2. No: Go to Question 5

5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time? ☐ YES ☐ NO

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2. No: Go to Question 6

6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time? ☐ YES ☐ NO

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2. No: Go to Question 7

7. Is this student a Native American, Native Alaskan, or Native Hawaiian? ☐ YES ☐ NO

Yes: Go to Question 8 No: Go to Question 9

8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian? ☐ YES ☐ NO

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2. No: Go to Question 9

9. Has this student recently moved from another school district where they were identified as an English Learner? ☐ YES ☐ NO

Yes: Rescreen the student if they meet the criteria for rescreening. See EL Policy Handbook.

Otherwise, student's ELP should be carried over from the sending district.

No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

SECTION 2

HLS Result: ☐ **SCREEN** ☐ **DO NOT SCREEN** If screen, give copy to EL Resource Teacher.

Languages other than English used by student, if identified: _____

Parental preference for languages used for school communications (may be multiple):

Parent Name: _____ Oral Language: _____ Written Language: _____

Parent Name: _____ Oral Language: _____ Written Language: _____

Survey Administered By: _____ Position: _____ Date of Administration: _____



Student Health Information

Today's Date: _____

Child's Name: _____ Date of Birth: _____ Gender: _____

Grade _____ School: _____

Please place a check mark if your child has any of the following conditions and provide details under explanation. The health information provided will be shared with the school staff in a confidential manner.

✓	Condition	Explanation
	Allergy (ex. food, insect, drug, latex)	
	ADD/ADHD	
	Breathing problem/asthma	
	Bladder/bowel concern	
	Bleeding disorder	
	Bone/joint/muscle condition	
	Cancer	
	Concussion/head injury	
	Diabetes	
	Diet/eating concern	
	Headaches	
	Heart condition	
	Immunity concern	
	Mental health concern	
	Seizures/epilepsy	
	Skin condition	
	Stomach/intestinal condition	
	Surgery	
	Vision/hearing concern	
	Other health concerns	
	NO HEALTH CONCERNS	

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Please list child's current medications: _____

Will any medications be taken at school? ☐ YES ☐ NO

If yes, Medication Administration Consent form must be completed.

Please list any other information about your child that would be helpful to staff working with your child.

Parent/Guardian Signature: _____ **Relationship:** _____



Wausau School District Device Use Acknowledgement

Please fill out completely and return to your school office prior to your student receiving their device. One form per student. The rules, expectations, and policies can be reviewed anytime on the Wausau School District website on the School Board or Technology pages.

Student Name (Print): _____ **Grade:** _____

School Building: _____

Step 1: Handbook & Legal Policy Acknowledgement (Required)

By checking "YES" and signing below, I certify that I have read and discussed the WSD Digital Learning & Device Guide with my child. We understand that failure to follow these rules may result in disciplinary action or loss of device privileges. I understand the COPPA notice and permit the district to provide minimal student login data (first/last name, school email, username) to approved platforms including Google Workspace for Education. The district-approved software list can be inspected anytime on the WSD technology home page using the District Trusted Learning Tools link

- ☐ YES, I agree to the handbook expectations and data privacy policies.

Step 2: Device Insurance Selection (Check Only One)

- ☐ **YES, I elect to enroll in the Device Insurance & Protection Plan (\$10.00 per student / \$30.00 family cap).** I am submitting the \$10.00 annual fee (or noting our family has hit the \$30.00 maximum cap for 3+ siblings). I understand that this plan fully covers the 1st and 2nd accidental damage repairs. Any subsequent repairs (3+) or full device replacements will be billed to my family at 50% of the actual cost (the district retains the broken hardware) pursuant to the terms of the Device Insurance & Protection Plan. If the device or its included accessories are lost or intentionally damaged, I agree to pay the necessary repair or replacement fees, not to exceed the total value of the hardware.
- ☐ **NO, I decline the device insurance opportunity.** I accept full financial responsibility for any loss, neglect, theft, or damage to the device, case, power brick, or stylus issued to my child. If the device or its included accessories are damaged or lost, I agree to pay the necessary repair or replacement fees, not to exceed the total value of the hardware.

Step 3: Required Signatures

Parent/Guardian Signature: _____

Date: _____

STUDENT IMMUNIZATION RECORD

Instructions to Parent: Complete and return to school within **30 days after admission**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

Step 1 Personal Data

Please Print

Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian		Address (Street, City, State, ZIP Code)		Phone Number	

Step 2 Immunization History

List the **month, day, and year** your child received each of the following immunizations. If you do not have an immunization record for this student, contact your doctor or public health department to obtain it. You may also use the Wisconsin Immunization Registry:

<https://www.dhfs.wisconsin.gov/immunization/clientSearch.do?language=en>

Type of Vaccine*	First Dose MM/DD/YYYY	Second Dose MM/DD/YYYY	Third Dose MM/DD/YYYY	Fourth Dose MM/DD/YYYY	Fifth Dose MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) ☐ Tdap ☐ Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine					
Meningococcal (serogroup ACWY)					
Students with a reliable history of varicella disease are not required to receive the varicella vaccine. Signature from physician, physician assistant, or advanced nurse prescriber required. ☐ I attest that this student has a reliable history of varicella disease,			Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? Check all that apply. ☐ Varicella ☐ Measles ☐ Mumps ☐ Rubella ☐ Hepatitis B If yes , provide laboratory report(s)		
SIGNATURE – Health Care Provider			Date Signed		

Step 3 Requirements

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

Step 4 Compliance Data

Student Meets All Requirements

Sign at Step 5 and return this form to school.

Or

Student Does Not Meet All Requirements

Check the appropriate box below, sign at Step 5, and return this form to school. **Please note that incompletely immunized students may be excluded from school if an outbreak of one of these diseases occurs.**

- ☐ Although my child has **not** received **all** the required doses of vaccine, the **first dose(s)** has/have been received. I understand that the **second dose(s)** must be received by the 90th school day after admission to school this year, and that the **third dose(s)** and **fourth dose(s)** if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

Note: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

Waivers (List in Step 2 above, the date(s) of any immunizations your child has already received)

- ☐ **For health reasons** this student should not receive the following immunizations _____

SIGNATURE – Physician

Date Signed

- ☐ **For religious reasons**, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap, ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella ☐ MenACWY

- ☐ **For personal conviction reasons**, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella ☐ MenACWY

Step 5 Signature

This form is complete and accurate to the best of my knowledge. Check one: (I **do** ☐ I **do not** ☐) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student

Date Signed

STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age and grade level according to the Wisconsin Student Immunization Law. These requirements can be waived for health, religious, or personal conviction reasons. Additional immunizations may be recommended for your child depending on his or her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

Table 144.03-A
Required Immunizations for the 2021-2022 School Year and the Following School Years

Age/Grade	Required Immunizations (Number of Doses)								
5 months through 15 months	2 DTP/DTaP/DT		2 Polio			2 Hep B	2 Hib	2 PCV	
16 months through 23 months	3 DTP/DTaP/DT		2 Polio	1 MMR		2 Hep B	3 Hib	3 PCV	
2 years through 4 years	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B	3 Hib	3 PCV	
Kindergarten through grade 6	4 DTP/DTaP/DT		4 Polio	2 MMR	2 Var	3 Hep B			
Grade 7 through grade 11	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			1 Mening
Grade 12	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			2 Mening

- Requirements did not take effect until February 1, 2023, and the rule was therefore not in effect for the 2021-2022 or 2022-2023 school years. The Tdap requirement for grades 7-11 was implemented for the 2023-2024 school year. The Meningococcal (serogroup A,C,W,Y) requirement was implemented for the 2024-2025 school year.
- Schools are not required to verify Hib and PCV vaccines for Pre-K students.
- Children 5 years of age or older who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5, which would normally correspond to the individual's age.
- D = diphtheria, T = tetanus, P = pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students Pre-K through 12; Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note:** A dose four days or less before the 4th birthday is also acceptable.
- DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. **Note:** a dose four days or less before the 4th birthday is also acceptable.
- Tdap is an adolescent tetanus, diphtheria, and acellular pertussis combination vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
- Polio vaccine for students entering grades Kindergarten through 12; Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note:** a dose four days or less before the 4th birthday is also acceptable.
- Laboratory evidence of immunity to hepatitis B is also acceptable.
- MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the 1st birthday. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable. **Note:** A dose four days or less before the 1st birthday is also acceptable.
- Varicella vaccine is chickenpox vaccine. Students with a reliable history of varicella disease are not required to receive the Varicella vaccine. A physician, physician assistant, or advanced practice nurse prescriber must document a reliable history of varicella disease by indicating that the student has had varicella and signing the Student Immunization Form (DHS Form 04020L). Students (excluding new enterers and kindergartners) with a parental report of disease prior to May 2024 are considered compliant.
- One dose of Meningococcal vaccine (serogroup A,C,W,Y) is required for students entering 7th grade, and a booster dose is required for students entering 12th grade. Students are assessed for this requirement in 7th grade and 12th grade only. Current Wisconsin students in 8th-11th grade will not be assessed for this requirement until they enter 12th grade. A second dose is not required for students who received their first dose of MenACWY at age 16 years or older.



**First Student/Wausau School District
Yellow School Bus Application Form**
Please select the year for which you are applying:

 **26-27 School Year (Apply AFTER May 1, 2026)**

Wausau School District contracts with First Student to provide busing for home-to-school, co-curricular, and extra-curricular transportation.

First Student generally provides home-to-school transportation for these situations:

- Student resides more than two miles from their home school
- Student resides in an area identified in the District's Hazardous Transportation Plan
- Students with transportation identified in their Individualized Educational Program (IEP)

Please complete this application and return to First Student at 730 S. 17th Avenue, Wausau WI 54401 or to the Longfellow Administration Center at 415 Seymour Street, P.O. Box 359, Wausau WI 54402-0359 by **July 31, 2026, if applying for the 2026-2027 school year**. Applications received after this date may not be processed until after the new school year starts. When submitting an application during the school year, please allow up to five (5) business days to process.

All bus stop information is based on your home address. If your child needs to be picked up or dropped off at an address other than your home, you **MUST** complete a "Transportation to Accommodate Child Care Needs" form, which is available at First Student and the Longfellow Administration Center. Transportation forms may also be found on the Wausau School District website (www.wausauschools.org) or by calling First Student at 715-842-2268 or the Longfellow Administration Center at 715-261-0515.

Student Name	Grade	School	Will Ride a.m. only	Will Ride p.m. only	Will Ride a.m. & p.m.

Parent/Guardian Name(s): _____

Home Address: _____
House Number, Apartment Number, Street Name, City, and Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____

Parent Email Address: _____

Emergency Contact Name: _____ Phone Number(s): _____

Part of our vision at First Student is to ensure that students have the best possible ride to and from school. To help us accomplish this, you may wish to provide special medical conditions/information about your child(ren) such as diabetes or allergic reactions to bee stings. Any information you provide will be kept confidential and shared only with your child(ren)'s driver and/or bus monitor. **It is the responsibility of the parent/guardian to notify First Student regarding any special medical condition.**

Name(s) of Child(ren) with medical condition(s): _____

Please describe special medical condition(s): _____



730 S. 17th Avenue, Wausau, WI 54401
715-842-2268 Ext 1



Easy Login

A centralized location to manage payments, view menus, set reminders, and more!



Sign Up Free

The user-friendly portal makes signing up easy and quick.



No More Hassle

No need to send cash to school. Easily make one-time or recurring payments.



Resource Center

Find helpful guides and useful tools to help you set up payments for your student.



Dashboards

Simple and interactive dashboards to view all your students in one place.

Download the Free Mobile App or visit
LINQConnect.com



 App Store



 Google Play

LINQCONNECT.COM

Wausau School District Calendar

2026-27 School Year - Approved 1/26/26

August

S	M	T	W	T	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May

S	M	T	W	T	F	S
	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			



Aug. 24-27: Staff Professional Development

Sept. 1: First Day of Classes

Sept. 7: No classes (Labor Day)

Sept. 25: No Classes/Staff Professional Development

Oct. 28:

- No in-person AM/PM EC & 4K Classes [at-home learning]
- No Classes (K-5) - AM recordkeeping and afternoon conferences
- No secondary PM classes - afternoon conferences

Oct. 29: No Classes/ Staff Professional Development

Oct. 30: No Classes

Nov. 4: End of the 1st Quarter

Nov. 25 - 27: No Classes - Thanksgiving Break

Dec. 23 - Jan. 1: No Classes - Winter Break

Jan. 18: No Classes/Staff Professional Development

Jan. 22: End of 2nd Quarter

- No in-person AM & PM 4K & EC Classes [at-home learning]
- No PM Elementary Classes (K-5) - Recordkeeping

Feb. 15: No Classes/Staff Professional Development

March 5:

- No in-person AM & PM 4K & EC Classes [at-home learning]
- No PM Elementary Classes (K-5) - Recordkeeping

March 19: End of 3rd Quarter

March 22-26: No Classes - Spring Break

April 26: No Classes/Professional Development for Staff

May 28: No Classes/Professional Development for Staff

May 31: No Classes (Memorial Day)

June 3: End of 4th Quarter & Students' Last Day.

- No PM Classes (K-12 Students)
- No 4K/EC Classes

June 4: Teachers' Last Day

Semester 1: 88 Days
Semester 2: 85 Days