

# 2018 SHAWANO SUMMER SCHOOL REGISTRATION

**Middle School Shawano \* Grade 3-8**  
**Rod Watson, Coordinator      Matt Peterson, Principal**



<p><i>Summer school is available for any Shawano School District residents. Students who do not reside in the Shawano School District limits are not able to enroll in the Shawano Summer School program.</i></p>	<p><b>Registration Due to Your School Office by April 6</b>  <i>You may turn in registration after April 6<sup>th</sup>, however you may not get the classes of your choice.</i></p>	<p><i>For students who are new to the district: We will need you to provide us with birth certificate &amp; proof of residency (utility bills, etc.). Bring to Jean Beauprey at the Hillcrest Primary office.</i></p>
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Student name (legal): \_\_\_\_\_  
Last name First name Nickname

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Gender: Male   Female      Student lives with: Mom   Dad   Other

Address: \_\_\_\_\_  
City Zip

Grade **completed** this year: \_\_\_\_\_      School attended: \_\_\_\_\_

Mother's name (legal): \_\_\_\_\_  
And address if different than above

Home phone: (      ) \_\_\_\_\_ - \_\_\_\_\_      Cell phone: (      ) \_\_\_\_\_ - \_\_\_\_\_

Place of employment: \_\_\_\_\_      Work phone: (      ) \_\_\_\_\_ - \_\_\_\_\_

Father's name (legal): \_\_\_\_\_  
And address if different than above

Home phone: (      ) \_\_\_\_\_ - \_\_\_\_\_      Cell phone: (      ) \_\_\_\_\_ - \_\_\_\_\_

Place of employment: \_\_\_\_\_      Work phone: (      ) \_\_\_\_\_ - \_\_\_\_\_

Is your child currently enrolled or referred for special services? Yes   No

If so, who is your child's special education case manager? \_\_\_\_\_

*\*Disclaimer- Students with special needs may not get all of their usual IEP support during summer school, although we will do our best to accommodate. Students who need a lot of support need to be enrolled by April 6<sup>th</sup>, or we will be unlikely to provide adequate staffing.*

<b>IF BEING BUSSED, do you want your child:</b>				
Picked up from home:	Yes	No	If no, how is child transported?	
Returned to home:	Yes	No	If no, how is child transported?	
<b>IF AT DAYCARE:</b>				
Picked up from daycare:	Yes	No	If yes, which daycare?	
Returned to daycare:	Yes	No	If yes, which daycare?	

My child has permission to attend field trips through summer school. (circle one)	YES	NO
Notices will be sent home with your child with the specific dates, places and times.		

# YOU CAN REGISTER ONLINE

## PREFERED METHOD-FAST AND EASY



Online course selection is done through your Skyward account. It will be open to the public from February 19<sup>th</sup> – April 6<sup>th</sup>. Any changes needed after that will need to be made by the summer school office (call Dr. Watson at 715-526-2192 ext. 8301 or email watsonr@shawanoschools.com).

*Check Box if Courses Selected Online*

### COURSE SELECTIONS

Please fill in all 7 blanks	course #
1.	
2.	
3.	
4.	
5. (Alternate)	
6. (Alternate)	
7. (Alternate)	

- *When choosing classes, your child is signing up for the grade level they are enrolled in during the 2017-2018 school year.*
- *Courses will be selected and schedules mailed by June.*
- *Schedule changes may be made by calling Dr. Watson at 715-526-2192 Ext. 8301*
- *We would like students to have a full four course load. If that is not your wish, please indicate that on this form.*

### EMERGENCY INFO (Numbers must be accessible for summer)

<input type="checkbox"/> Same information as the 2017-2018 School Year <i>This can be edited in your Skyward account.</i>		<input type="checkbox"/> Use this information ONLY for summer school	
<b>Who should we call first:</b> <i>(circle one)</i>	<b>Mom</b> 1    2	<b>Dad</b> 1    2	<b>Other:</b>
<b>Emergency Contact #1</b> <i>(other than mom or dad)</i>	Name	Relationship to student	Phone
<b>Emergency Contact #2</b> <i>(other than mom or dad)</i>	Name	Relationship to student	Phone

In the event my child would become injured or become ill and I (Parent or Guardian) cannot be reached, I give permission for my child to be transported to the local clinic or hospital for medical treatment. Please consult the Health and Medical Alert Forms for any pertinent information for my child.

Signature

Date

Does your child have any medical/health conditions school personnel should be aware of?  
(e.g. allergy to bee stings, seizure disorders, diabetes, etc.) Please specify below:

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