

# School District of Milton 2017 Summer School Program Registration Form

Four Week Classes | June 12-July 7

## Registration | March 1-15

For students who currently attend Milton Schools, families are encouraged to register students using their Skyward Family Access account. Summer school scheduling is available through Skyward between March 1, 6:00 a.m. through March 15, 12:00 a.m. (midnight).

Registration forms can be mailed in or dropped off at the Summer School Office. The mailing address for the Milton Summer School Program is PO Box 476, Milton, WI 53563. Registration forms that are mailed in need to be postmarked by March 15. The Summer School Office is located at the high school. In order to process a registration, the registration form must be filled out completely (one form per student) and any applicable fees paid. If a course/session is unavailable or cancelled, parents will be notified and offered alternative courses for their student. Students should register for courses with regards to the grade level they will enter in the fall of 2017. All registrations will be processed on a first come, first served basis. There will be no late registration available with the exception of Academic Make-up and High School courses.

If you have any questions, please contact Sarah Warren: (608) 868-9575 or warrens@milton.k12.wi.us

## Student Information

Legal Name: \_\_\_\_\_ Gender: M / F Date of Birth: \_\_\_\_\_

Last First

Address: \_\_\_\_\_ Township/City of: \_\_\_\_\_

Street/City/State/Zip

Current School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade Fall 2017: \_\_\_\_\_

School Type: Public School / Homeschool / Private School

Does your child require special services during the school year: Yes / No

If so, please explain: \_\_\_\_\_

## Parent/Guardian Information

Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Emergency Information

Parent/guardian name and morning phone number: \_\_\_\_\_

Emergency contact name and morning phone number: \_\_\_\_\_

Are there any medical conditions we need to be aware of: Yes / No

If so, please explain: \_\_\_\_\_

If medical attention is necessary, I agree to have my son/daughter taken to a medical facility and to have medical attention rendered as deemed necessary by the attending physician: Yes / No \_\_\_\_\_

Parent/Guardian Signature

## Course Selection

\_\_\_\_\_ I would like to be registered in two classes (Sessions 1 & 2)

\_\_\_\_\_ I would like to be registered in one class. Circle the session you prefer. If that session is full, we will put you in the other session if it is offered. **Session 1** (8:15-9:45 a.m.) **Session 2** (10:00-11:30 a.m.)

Please fill out all four choices. Some classes fill up quickly!

Make checks payable to: School District of Milton

	Course Name	Course Material Fee (if applicable)
<b>1st Choice</b>		\$ (out of district add \$20)
<b>2nd Choice</b>		\$ (out of district add \$20)
<b>3rd Choice</b>		only send payment for 1st & 2nd choice
<b>4th Choice</b>		only send payment for 1st & 2nd choice