

MILTON SUMMER SCHOOL REGISTRATION FORM

June 15 – July 10 (4 WEEK SESSION)

PLEASE COMPLETE AND RETURN THIS FORM POSTMARKED BY MARCH 23, 2009 TO:

Milton Summer School Program

P. O. Box 476

Milton, WI 53563

Applications postmarked after this date will not be accepted. Please register on time.

Student Information

Legal Name: _____ Gender: M / F Birth Date: _____
(Last) (First)

Address: _____
(Street/Road) (City/State) (Zip)

Township of: _____ OR City of: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Cell-phone: _____ Email Address: _____

School now attending: _____ Grade level for Fall, 2009: _____

Please check one: Public School _____ Home Schooled _____ Private School _____

Does your child require special services during the school year? Yes _____ No _____

If so, please explain: _____

Emergency Information - Parent/Guardian Signature

Phone where parent/guardian can be reached in the morning: _____

Emergency contact person(s) and phone(s): _____

Is there any medical condition 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(s)

_____ I would like to be enrolled in two different classes (8:15 a.m. **and** the 10:00 a.m. sections).

_____ I would like to be enrolled in only one class. (Please indicate by circling the section time you prefer. If that section is full, we will put you in the other section if it is offered.)

Section I(8:15-9:45 a.m.) Section II (10:00-11:30 a.m.)

Course Choices: Please fill out all four choices. Some classes do fill up quickly!

Course Title 1st Choice _____

Course Title 2nd Choice _____

Course Title 3rd Choice _____

Course Title 4th Choice _____

Fees: There is a \$4 non-refundable fee per enrichment class. There is no charge for remedial or academic classes. Please enclose payment with registration form. Make check payable to: School District of Milton.

YOUR CHILD WILL NOT BE SCHEDULED UNTIL ALL NECESSARY PAPER WORK AND FEES ARE TURNED IN. PLEASE MAKE SURE THE INFORMATION ON THIS FORM MATCHES THE INFORMATION AT YOUR CHILD'S SCHOOL HE/SHE ATTENDS DURING THE REGULAR SCHOOL YEAR.