

REGISTRATION

Milton Summer School Program June 10-July 3

Registration | March 1-15

Students who **currently** attend Milton schools are asked to register for summer school online in Skyward Family Access. Summer school scheduling is available through Skyward between March 1, 6:00 a.m. through March 15, 12:00 a.m (midnight).

Students who **do not currently** attend Milton schools (including those who are registered for fall) must register using this form. 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 need to be postmarked by March 15. The Summer School Office is located at the high school. In order to process a registration, this form must be filled out completely and any applicable fees paid (checks payable to the School District of Milton). **To ensure prompt scheduling please indicate a session next to each class you list and also indicate alternative classes in case your first choices are not available.** Students should register for courses with regards to the grade level they will enter in the fall. All registrations will be processed on a first come, first served basis. There will be no late registration available with the exception of remedial and academic make-up courses.

If you have any questions, please contact Michele Wilkinson: (608) 868-9575 or wilkinsonm@milton.k12.wi.us

Student Information

Legal Name: _____ Gender: M / F Date of Birth: _____

Address: _____
Last First Street/City/State/Zip Township/City of: _____

Current School: _____ Teacher: _____ Grade Fall 2018: _____

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: _____
Schedule will be sent to this address.

Emergency Information

Emergency Contact 1: _____
Name/Relationship/Morning Phone Number

Emergency Contact 2: _____
Name/Relationship/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, Session 1 (8:15-9:45 a.m.) **AND** Session 2 (10:00-11:30 a.m.)

_____ I would like to be registered in one class. Circle the session you prefer: Session 1 **OR** Session 2

	Class Name	Session	Class Material Fee (if applicable)
1st Choice			\$ (non-resident add \$20)
2nd Choice			\$ (non-resident add \$20)
3rd Choice			only send payment for 1st & 2nd choice
4th Choice			only send payment for 1st & 2nd choice

