

REGISTRATION

Milton Summer School Program 2026 June 8 - July 3, 2026

Registration | March 17 - April 2, 2026

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 17 - April 2, 2026**.

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 114 W. High Street, Milton, WI 53563. Registration forms need to be postmarked by April 2, 2026. 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.

If you have any questions, please contact Sarah Olson: (608) 868-9261 or olsonsm@milton.k12.wi.us

Student Information

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

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

Current School: _____ Teacher: _____ Grade Fall 2026: _____

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 three classes, Session 1 (8:00-9:00 a.m.) Session 2 (9:15-10:15) Session 3 (10:00-11:30 a.m.)

_____ I would like to be registered in one or two classes. Circle the session(s) you prefer: Session 1 Session 2 Session 3

	Class Name	Session	Class Material Fee (if applicable)
1st Choice			\$ (non-resident add \$170)
2nd Choice			\$ (non-resident add \$170)
3rd Choice			\$ (non-resident add \$170)

4th Choice			only send payment for choices 1-3
5th Choice			only send payment for choices 1-3
6th Choice			only send payment for choices 1-3