

REGISTRATION

Milton Summer School Program June 11-July 6

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 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). If a course/session is unavailable, parents will be notified and offered alternative courses. 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 Sarah Warren: (608) 868-9575 or warrens@milton.k12.wi.us

Student Information

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

Address: _____ Last First Township/City of: _____

Street/City/State/Zip

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 |