

Registration may be conducted online this year!

Please see the following website for more information. www.aasd.k12.wi.us/families/summer_school_information

<u>Current AASD students</u>: Parents/guardians will register for summer school courses via the Infinite Campus Portal. Course registration opens April 15th. Student's finalized schedules and fees will also be available for viewing in the Portal within one week after registering the student. Fees may be paid online, also through the portal. If assistance is needed logging on to Infinite Campus, please contact the Helpdesk at <u>helpdesk@aasd.k12.wi.us</u> or 920-852-5555 ext. 63159

https://appletonwi.infinitecampus.org/campus/portal/appleton.jsp

**Out of district or private school students: Please complete and return the form on reverse.

If you do not wish to use the online registration process, please complete the attached registration form and return to Appleton West High School.

2024 ATECH CAMP REGISTRATION FORM FOX VALLEY SUMMER SCHOOL CONSORTIUM

Student Name		Gender: M / F	Date Of Birth
Address	Apt #	City	Zip
Home Phone #		Grade next Fall_	
Is student currently attending an AASD school? Yes, my child is currently attending		school (name of elementary school).
No, my child attends school in the currently attending).		school district	(name of school district child is
Does this student have an IEP, Building Interventi explain): According to WI Dept of Public Instruction, summe			
All Appleton School District policies for the regular acade Summer School. If you would like a copy of these policies <u>EMI</u>	s, please cont		
Parent/Guardian Name		Phone # _	
Parent/Guardian Name Work # Cell #	E	E-mail Address	
Parent/Guardian Name Cell #		Phone #	
Work # Cell #	E	E-mail Address	
If parent/guardian cannot be reached by phone, p Name Phone Number(s)	Rel	ationship	
Special Health Concerns/Medical Diagnoses:			
Will your child have medications at summer school If so, please provide the name of the med Reason for Medication(s) Time(s) medication is administered: Routi (Please bring any medications to the site	lication(s): ine/Daily	As Needed	Emergency
I hereby authorize summer school personnel t	o obtain er	mergency medical c	are for my child if needed.
Parent/Guardian			
<u>Cloth</u> T-Sh	irt size (pl	or Camp T-Shirt ease circle one)	
Adult Sm A	dult M	Adult Lg A	Adult XL
Registration and fee: All registration forms are due NO FEE for the Camp. Please send registration form to		e May 13 th , 2024. No lat	e registrations will be accepted. There is
	opleton Wes 610 N. Ba	I ATECH Camp st High School dger Ave. WI 54914	

Confirmation: You will be notified that your student has been accepted for ATECH Camp via email. If you have any questions, please email the ATECH camp coordinator at endterpaul@aasd.k12.wi.us.