



WAUSAU SCHOOL DISTRICT

Longfellow Administration Center

415 Seymour Street • P.O. Box 359 • Wausau, Wisconsin 54402-0359 • 715-261-0500 • www.wausauschools.org

Dr. Keith W. Hilts, Superintendent of Schools

Welcome!

Thank you for choosing the Wausau School District for your child's educational journey! Parents and students alike are supported and encouraged by caring faculty and staff members. We stand ready to help you and your child(ren) with any questions you may have throughout the enrollment process and beyond.

Within this folder you will find several forms that need to be completed.

The District provides free transportation to students who live two or more miles from their home school. There may be other circumstances in which a free bus ride to school is available. First Student is the provider of our yellow school buses and Metro Ride, the City of Wausau public transportation system, also provides some student busing for the District.

Wausau School District is on social media! Please like us on Facebook, follow us on Twitter and Instagram -- search for **WausauSchDist** -- and please encourage your family and friends to like and follow, too. We are proud of our students, staff, schools, and programs and want to share our awesome happenings!



Student Enrollment Form

Date & Time Received _____

School Name _____

ID Number _____

Home Attendance Zone _____

Entry Date _____

Withdrawn to _____

Withdrawn Date _____

Birth Verification _____

Today's Date _____ Child's Gender ☐ Male ☐ Female Child's Date of Birth (month/day/year) _____

Child's Full Legal Name (last, first, middle) _____ Grade _____

Child's Primary Address _____ City, State, Zip _____

Household Phone Number(s) _____

Child's Birthplace (City & State or Country) _____ Date first entered U.S. Schools _____

Has child ever registered under a different name? ☐ YES ☐ NO If yes, please provide full name: _____

School child most recently attended (Name, Address, City, State and Zip) _____

Please check any special programs in which the child has participated:

☐ Special Education/IEP ☐ 504/At Risk ☐ ESL/ELL/EL ☐ Gifted/Talented

Has child ever been expelled from school? ☐ YES ☐ NO If yes, please provide date(s) _____

Has child ever been withdrawn from school to avoid expulsion proceedings? ☐ YES ☐ NO If yes, please provide date(s) _____

RACE & ETHNICITY

Is the child Hispanic or Latino? ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Check one or more of the following categories that apply to this child:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

MILITARY

Is either parent or guardian in the military? ☐ YES ☐ NO Branch _____

Is either parent or guardian on **ACTIVE DUTY** in the military? ☐ YES ☐ NO

Is either parent or guardian a traditional member of the Guard or Reserve? ☐ YES ☐ NO

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? ☐ YES ☐ NO

Military start date _____ Military end date _____

Please complete second page

FAMILY INFORMATION

Interpreter needed? ☐ YES ☐ NO Type _____

Child presently living with (Please check all that apply):

☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Foster Mother ☐ Foster Father
☐ Guardian ☐ Adult Sibling ☐ Spouse ☐ Other _____

■ **Mother's Legal Name** _____

Receive mailings (i.e. Report Cards and Progress Reports)? ☐ YES ☐ NO

Mother's Primary Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

■ **Father's Legal Name** _____

Receive mailings (i.e. Report Cards and Progress Reports)? ☐ YES ☐ NO

Father's Primary Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

■ **Additional Contact Name** _____ **Relationship to Child** _____

Non-Emergency (Step-Parent, Foster Parent, Guardian)

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

■ **Additional Contact Name** _____ **Relationship to Child** _____

Non-Emergency (Step-Parent, Foster Parent, Guardian)

Home Phone _____ Cell Phone _____

Email _____ Employer _____ Business Phone _____

■ **Siblings living at same primary address as child**

Name _____ Date of Birth (month/day/year) _____ ☐ Male ☐ Female

Name _____ Date of Birth (month/day/year) _____ ☐ Male ☐ Female

Name _____ Date of Birth (month/day/year) _____ ☐ Male ☐ Female

Name _____ Date of Birth (month/day/year) _____ ☐ Male ☐ Female

How did you hear about the Wausau School District? _____

Name of person completing this form _____ Relationship to child _____

Parent/Guardian Signature _____ Date _____



Emergency Contact Medical Information Field Trip Authorization

Student Name: _____ Date of Birth: _____ Gender: _____
Grade _____ School: _____

Local Contact Person(s) If Parent/Guardian Cannot Be Reached

Contact Person: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Employer & Work Phone: _____

Contact Person: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Employer & Work Phone: _____

Please specify any health conditions which may affect your child in school and identify medications your child is currently taking. The health information provided will be shared with the school staff in a confidential manner.

Health Concerns: _____

Medications: _____

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

My Child has Permission to Attend School-Sponsored Field Trips ☐ YES ☐ NO
Authorization of Treatment During School Hours and on Field Trips ☐ YES ☐ NO

To Whom It May Concern: I authorize treatment by a licensed medical physician/dentist of the above minor in the event of a medical/dental emergency that, in the opinion of the attending physician/dentist, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. The authority granted is only to be exercised after reasonable efforts have been made to reach me if time so permits. If I cannot be reached, I authorize the school principal, teacher-certified CPR/first aid staff, or my designated contact person(s) to call or drive my child to the physician or dentist listed above, or the nearest hospital if emergency care is needed. An ambulance may be called if necessary. This release form is completed and signed of my own free will and is for the sole purpose of authorizing necessary medical treatment under emergency circumstances in my absence. **Special Accommodations:** Students with disabilities who need special accommodations to participate in activities should contact the school prior to activity date.

Inclement Weather Instructions – Elementary Only

If school must be closed during the school day, we need to know what plans you have made for your child. It is difficult for students to telephone for instructions at these times. Please fill out the form below, **discuss the plan with your child**, and return the form to school. In the event of school closing during the day, my child should:

☐ Walk home as usual

☐ I will pick up my child

☐ Ride bus as always

☐ Other _____

Parent/Guardian Signature: _____ Date: _____



Google Applications Permission Slip for Children 13 years of age and younger

Students in the Wausau School District are supplied with this resource--Google Apps for Education.

Google Apps is a set of online tools for communication, collaboration, time-management, and document storage provided by Google to the District at no cost. These tools include:

- Google Docs: a word processing, spreadsheet, presentation, and drawing program that allows multi-user access and editing
- Calendar: a customizable calendar and to-do list
- Contacts: an address book
- Gmail: a full functioning e-mail program
- Google continues to add new tools and the District will evaluate each for its educational potential

All of these tools are housed on the internet and can be accessed from any internet-connected computer with a web browser. Special software is not required.

Our primary reasons for supplying these tools to students are:

- To give our students practice in using current technology applications and tools
- To give students the ability to work on common, no-cost tools on their own documents both at school and outside of school
- To facilitate paperless transfer of work between students and teachers
- To provide adequate long-term storage space for student work
- To help students work collaboratively, engage in peer-editing of documents, and publish for a wider audience
- To provide a digital environment where our students and teachers can work collaboratively

There is also a cost savings to the District since less file storage space will need to be maintained.

All information stored and transmitted is private to the Wausau School District as agreed upon by Google and Wisconsin's Department of Administration.

Teachers will review our District's acceptable use policy and internet safety guidelines when they introduce these tools to students. Using online tools responsibly is an important part of the learning experience.

For children 13 years of age and younger, we seek parental permission to use the resource--Google Apps for Education.

I give permission for my child: _____ to use a Google Apps for Education account supplied by the District.

Parent or Guardian

Date



Wisconsin Home Language Survey

Student Name (first, middle initial, last): _____

District: **Wausau School District** - School: _____ Grade: _____ Student ID: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Parent/Guardian Signature: _____

PURPOSE

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child. Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

SECTION 1

1. Was the first language used by this student English? ☐ YES ☐ NO

Yes: Go to Question 2 No: Go to Question 3

2. When at home, does this student hear or use a language other than English more than half of the time? ☐ YES ☐ NO

Yes: Go to Question 4 No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

3. When at home, does this student hear or use a language other than English more than half of the time? ☐ YES ☐ NO

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2. No: Go to Question 4

4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time? ☐ YES ☐ NO

Yes: Administer ELP Screener. Record other language(s). HLS is complete. Go to Section 2. No: Go to Question 5

5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time? ☐ YES ☐ NO

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2. No: Go to Question 6

6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time? ☐ YES ☐ NO

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2. No: Go to Question 7

7. Is this student a Native American, Native Alaskan, or Native Hawaiian? ☐ YES ☐ NO

Yes: Go to Question 8 No: Go to Question 9

8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian? ☐ YES ☐ NO

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2. No: Go to Question 9

9. Has this student recently moved from another school district where they were identified as an English Learner? ☐ YES ☐ NO

Yes: Rescreen the student if they meet the criteria for rescreening. See EL Policy Handbook.

Otherwise, student's ELP should be carried over from the sending district.

No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

SECTION 2

HLS Result: ☐ **SCREEN** ☐ **DO NOT SCREEN** If screen, give copy to EL Resource Teacher.

Languages other than English used by student, if identified: _____

Parental preference for languages used for school communications (may be multiple):

Parent Name: _____ Oral Language: _____ Written Language: _____

Parent Name: _____ Oral Language: _____ Written Language: _____

Survey Administered By: _____ Position: _____ Date of Administration: _____



Student Health Information

Today's Date: _____

Child's Name: _____ Date of Birth: _____ Gender: _____

Grade _____ School: _____

Please place a check mark if your child has any of the following conditions and provide details under explanation.

✓	Condition	Explanation
	Allergy (ex. food, insect, drug, latex)	
	ADD/ADHD	
	Breathing problem/asthma	
	Bladder/bowel concern	
	Bleeding disorder	
	Bone/joint/muscle condition	
	Cancer	
	Concussion/head injury	
	Diabetes	
	Diet/eating concern	
	Headaches	
	Heart condition	
	Immunity concern	
	Mental health concern	
	Seizures/epilepsy	
	Skin condition	
	Stomach/intestinal condition	
	Surgery	
	Vision/hearing concern	
	Other health concerns	
	NO HEALTH CONCERNS	

Please list child's current medications: _____

Will any medications be taken at school? ☐ YES ☐ NO

If yes, have Medication Administration Consent form completed by health care provider.

Please list any other information about your child that would be helpful to staff working with your child. _____

Parent/Guardian Signature: _____ Relationship: _____

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions regarding immunizations, or how to complete this form contact your child's school or local health department.

PERSONAL DATA

PLEASE PRINT

Step 1	Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ()	

IMMUNIZATION HISTORY

Step 2	List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, Tdap, or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.					
	TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
	DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
	Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
	Polio					
	Hepatitis B					
	MMR (Measles, Mumps, Rubella)					
	Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					
	Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)		Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s)			

REQUIREMENTS

Step 3	Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.
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COMPLIANCE DATA

Step 4	STUDENT MEETS ALL REQUIREMENTS Sign at Step 5 and return this form to school. _____ Or _____
	STUDENT DOES NOT MEET ALL REQUIREMENTS Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS. <input type="checkbox"/> Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.
	NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.
	WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received) <input type="checkbox"/> For health reasons this student should not receive the following immunizations _____
	_____ SIGNATURE - Physician Date Signed _____
	<input type="checkbox"/> For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply) <input type="checkbox"/> DTaP/DTP/DT/Td <input type="checkbox"/> Tdap, <input type="checkbox"/> Polio <input type="checkbox"/> Hepatitis B <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Varicella <input type="checkbox"/> For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply) <input type="checkbox"/> DTaP/DTP/DT/Td <input type="checkbox"/> Tdap <input type="checkbox"/> Polio <input type="checkbox"/> Hepatitis B <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Varicella

SIGNATURE

Step 5	This form is complete and accurate to the best of my knowledge. Check one: (I do <input type="checkbox"/> I do not <input type="checkbox"/>) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.
	_____ SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed _____

STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age/grade level according to the Wisconsin Student Immunization Law. Additional immunizations may be recommended for your child depending on his/her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

Grade/Age	Number of Doses					
Pre-K (ages 2 through 4 yrs) ¹	4 DTaP/DTP/DT ²	3 Polio	3 Hepatitis B ⁶	1 MMR ⁷	1 Varicella ⁸	
Kindergarten through Grade 5	4 DTaP ¹ /DTP/DT/Td ^{2,3}	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸	
Grades 6 through 12	4 DTaP/DTP/DT/Td ²	1 Tdap ⁴	4 Polio ⁵	3 Hepatitis B ⁶	2 MMR ⁷	2 Varicella ⁸

1. Children > 4 years of age who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5 which would normally correspond to the individual's age.
2. D= diphtheria, T= tetanus, P= pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students Pre-K through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. Note: a dose four days or less before the 4th birthday is also acceptable.
3. DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. Note: a dose four days or less before the 4th birthday is also acceptable.
4. Tdap is adolescent tetanus, diphtheria and acellular pertussis vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
5. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. Note: a dose four days or less before the 4th birthday is also acceptable.
6. Laboratory evidence of immunity to hepatitis B is also acceptable.
7. MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the first birthday Note: a dose four days or less before the 1st birthday is also acceptable. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable.
8. Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.



Helpful Tips for using www.paypams.com

PAYMENTS

- 1. Posting Payments:** It takes one to two school days for a payment to replenish your child's account at the school cafeteria. Your balance on PayPAMS website will reflect your recent payment only after the school cafeteria confirms receipt of payment.
- 2. Payment Confirmation:** When a payment is processed, a confirmation number will be displayed and an email will be sent verifying that the payment was processed. If a confirmation number is not displayed, the payment was not processed.
- 3. Declined Payments:** If your payment is declined, verify that all billing information is correct. If all information is correct and payment is still declined, contact the issuing credit card company for further information. Reasons a card can be declined: insufficient credit/funds in account, incorrect billing information entered, closed credit card account, or credit card expiration date.
- 4. Payments for the same student from two separate accounts:** To prevent duplicate accounts, PayPAMS allows associating a student to only one account. If both parents/guardians cannot share the same username and password, contact customer support from the 'Contact Us' page.
- 5. Convenience Fees:** Depending upon the school district, a nominal convenience fee may be charged to cover the cost of processing payments and maintaining the website. To check if your school district charges a convenience fee, please click '**Sign Up Now!**' on the PayPAMS homepage, then select your state and school district.
- 6. Credit Card Types:** PayPAMS accepts both credit and debit cards. When registering, please check which cards your district accepts.
- 7. Credit Card / Bank Statement:** PayPAMS payments will show up on your credit card/bank statement as payments to 'PayPAMS.com', or 'PAMS-<your school district> CO'
- 8. Payments at the School Cafeteria:** For questions regarding cash or check payments submitted directly at the school cafeteria, please contact the school cafeteria directly. Do not contact PayPAMS.

LOW BALANCE EMAIL NOTIFICATIONS

- 1. Email Notifications:** To make sure emails from PayPAMS are not blocked, add customerservice@paypams.com to your address book and safe list.
- 2. Change of Email address:** If you change your email address be sure to update your user profile on PayPAMS.

LOW BALANCE AUTOMATIC PAYMENTS

- 1. Low Balance Automatic Payments Trigger:** PayPAMS recommends triggering automatic payments when the student meal account balance falls below \$12.00. Having a lower 'minimum balance' when setting up Automatic Payments may not allow enough time to replenish your child's account.
- 2. Automatic Payment Confirmation:** If you sign up for Automatic Payments, you will receive an email confirmation of the payment, including current balance.
- 3. Declined Automatic Payment:** Your automatic payment will not be processed if the card was updated, declined, expired, or if the 'Stop Date' that was set initially has passed.

CAFETERIA PURCHASES

While PAMS displays cafeteria purchases, we do not regulate what the children are purchasing or eating. For questions regarding purchases at the cafeteria, contact the school cafeteria directly. Student Activity is only displayed from the day the student was added to PAMS. Data is available for 90 days.

COMO REGISTRARSE

1. En PayPAMS.com haga clic el botón de '¡Inscríbete Ahora!' en la Página de Inicio.
2. Seleccione su estado y distrito escolar
3. Cree un Usuario y contraseña e introduzca su información de contacto
4. Añadir niños a su cuenta

¿PREGUNTAS?

Haga clic en '**Help**' en la página inicial de PayPAMS.com

NEED ASSISTANCE?

Please visit
PayPAMS.com and
click 'Help' to navigate
to PayPAMS Help Center!



KEEP THIS FOR REFERENCE

USERNAME _____

PASSWORD _____

Pre-pay School Meals at www.paypams.com or using the PayPams Mobile App



Pay Now



Account Balance



Automatic Payments



Email Notifications



Add/Remove Students



Payment History



Cafeteria Purchases

CURRENT USERS TIPS FOR THE BEGINNING OF THE SCHOOL YEAR

Login to the site at least one week before the beginning of the school year. Check that your credit/debit card on file has not expired, your email address is updated, and that your automatic payment plan's stop date has not expired.

Forgot Password: If you previously registered with PayPAMS but forgot your password, go to PayPAMS.com, click 'Login' then click on the 'Forgot Password' link. If you were unable to retrieve your password through the 'Forgot Password' link, contact customer support from the 'Contact Us' page. Do not register again. Note: passwords are case sensitive.

Balance Transfer from Year to Year: Any remaining student meal account balance will automatically transfer to the next school year.

Important note: If your child moved from one school to another within the same school district, it may take a day or two from the beginning of the school year to transfer the remaining balance from the old school to the new school. During that time period, the balance on PayPAMS may show as \$0.00. If you are not sure if your child's account had a remaining balance from the previous school year, we recommend you make a payment.

Refunds: PayPAMS processes refunds only for the exact payment amount. If the student has already used some of the money, or has graduated, please contact the school district.

Moved to a different school district: If you moved to a different school district, you can keep the same username and password information. Login to your account, go to 'Contact Us' and select subject 'Moved from District'. Do not register again. Note: PayPAMS cannot transfer money from one school district to another. Contact your previous school district for refunds.



NEW USERS SIGN UP NOW

1. Go to PayPAMS.com and click on the 'Sign Up Now!' button on the home page.
2. Select **your state**, then select your **school district**.
3. **Create a username and password** and enter your contact information.
4. **Add children** to your account.
5. **Make payments or set up automatic payments** based on low balance.

HELPFUL TIPS WHEN REGISTERING

1. **Username:** Create a unique username. If the system indicates that the username is taken, select a different username.
2. **Duplicate Accounts:** If the system indicates that an account already exists with the same phone number or email address, contact customer support from the 'Contact Us' page.
3. **Meal Account Balance and Cafeteria Purchases:** It takes 1-2 school days before balances and cafeteria purchases information for new registrants can be displayed. However, you can make payments immediately upon registration. If you cannot view balances two days after you added the student to the account, contact customer support from the 'Contact Us' page.

**First Student/Wausau School District
Yellow School Bus Application Form
2021-2022 School Year**

Wausau School District contracts with First Student to provide busing for home-to-school, co-curricular, and extra-curricular transportation.

First Student generally provides home-to-school transportation for these situations:

- Student resides more than two miles from their home school
- Student resides in an area identified in the District's Hazardous Transportation Plan
- Students with transportation identified in their Individualized Educational Program (IEP)

Please complete this application and return to First Student at 730 S. 17th Avenue, Wausau WI 54401 or to the Longfellow Administration Center at 415 Seymour Street, P.O. Box 359, Wausau WI 54402-0359 by July 8, 2021. Applications received after this date may not be processed until after the new school year starts. When submitting an application during the school year, please allow up to five (5) business days to process.

All bus stop information is based on your home address. If your child needs to be picked up or dropped off at an address other than your home, you MUST complete a "Transportation to Accommodate Child Care Needs" form, which is available at First Student and the Longfellow Administration Center. Transportation forms may also be found on the Wausau School District website (www.wausauschools.org) or by calling First Student at 715-842-2268 or the Longfellow Administration Center at 715-261-0515.

Student Name	Grade	School	Will Ride a.m. only	Will Ride p.m. only	Will Ride a.m. & p.m.

Parent/Guardian Name(s): _____

Home Address: _____
House Number, Apartment Number, Street Name, City, and Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name: _____ Phone Number(s): _____

Part of our vision at First Student is to ensure that students have the best possible ride to and from school. To help us accomplish this, you may wish to provide special medical conditions/information about your child(ren) such as diabetes or allergic reactions to bee stings. Any information you provide will be kept confidential and shared only with your child(ren)'s driver and/or bus monitor. **It is the responsibility of the parent/guardian to notify First Student regarding any special medical condition.**

Name(s) of Child(ren) with medical condition(s): _____

Please describe special medical condition(s): _____



730 S. 17th Avenue, Wausau, WI 54401
715-842-2268 or Email Wausau.Trips@firstgroup.com



School Supply Lists 2020-2021

✓	Early Childhood
	1 - Backpack
	4 - Glue Sticks (jumbo size preferred)
	2 - Box of Tissues
	1 - Extra change of clothes (label with name, place in clear plastic bag)

✓	4K
	1 - Backpack
	4 - Glue Sticks (jumbo size preferred)
	1 - Bottle of white glue (4 oz.)
	1 - Box of Crayons (24)
	1 - Box of markers (10 assorted colors, pip-squeak preferred)
	1 - Playdough container (any color)
	1 - Watercolor set, 8 count
	2 - Box of Tissues
	1 - Waterbottle (label with name)
	1 - Extra change of clothes (label with name, place in clear plastic bag)

✓	Kindergarten	1st Grade	2nd Grade	3rd Grade	4th Grade	5th Grade
	Backpack	1	1	1	1	1
	Pencil Box	1	1	1	1	1
	Glue Stick (2 PACK)	5	4	3	2	2
	Box of Crayons (24)	1	1	1	1	--
	Colored Pencils (12 assorted colors)	1	1	1	1	1
	Pencils (Dozen)	1	1	1	2	1
	Pink Eraser	1	2	3	1	2
	Box of markers (10 assorted colors)	1	1	1	2	1
	Black Permanent Marker	--	--	--	--	1
	Dry Erase Markers (4 pk) black fine point	1	1	1	1	1
	Highlighter (yellow)	--	--	1	1	1
	Pens - Black/Blue (dozen)	--	--	--	--	2
	Pens - Red (dozen)	--	--	--	--	2
	Scissors	1	1	1	1	1
	Ruler	--	--	1	--	--
	Post-It Notes (3x3 assorted colors)	--	--	1	1	1
	Folder-Two Pocket	2 blue, red	3 blue, red & green	4 blue, red, green & yellow	4 blue, red, green & yellow	4 blue, red, green & yellow
	Spiral Notebook - Wide	--	1	4 blue, red, green & yellow	4 blue, red, green & yellow	4 blue, red, green & yellow
	Paper - Loose-Leaf, Wide	--	--	--	--	1
	Composition Notebook	--	--	--	--	1
	Box of Tissues	2	2	2	2	2

Horace Mann Middle School

	6TH GRADE	7TH GRADE	8TH GRADE
Boxes of Facial Tissues	2 large boxes of Kleenex	3 large boxes of Kleenex	3 large boxes of Kleenex
Highlighters	3 - different colors	2 - different colors	1 pack
#2 Pencils	4 dozen	4 dozen	4 dozen
Pink Erasers	2 (optional)	1 (optional)	—
Index Cards	—	4x6 pack (ELA)	3x5, lined (ELA)
Markers, Color	1 pack (optional)	1 pack (optional)	1 pack
Dry-erase markers	—	—	—
Glue Sticks	2 (optional)	5 (Science)	—
Colored Pencils	1 pack	1 pack	1 pack (optional)
Pens - Red	—	1 pack (optional)	—
Pens - Blue or Black	5-6 pens	1 pack (optional)	YES - Various
Ruler	—	12" ruler	—
Earbuds or Headphones	1- keep at school	1 - keep at school	1 - keep at school
2-Pocket Folders	4 - any color	4 - any color	6 - any color
Plastic Accordion Filing System	—	—	—
3 Prong Plastic Pocket Folders	4 - any color	—	—
1-Subject Notebooks	2	3	2 red, 2 blue
3-subject Notebooks	1 (ELA)	—	1 (German)
Composition Notebook	1	3 (ELA & Science)	—
3-Ring Binders - 1"	—	3 (Geography, ELA, Math)	1 (ELA)
3-Ring Binders - 1-1/2"	2 (Soc. Studies & Health)	—	1 (Language)
Dividers for 3-Ring Binders	5	2 packs of 5 (Geo & ELA)	—
Loose-Leaf Paper	—	1 pack (wide-rule)	—
Steno Pad	6x9 (Math)	—	—
Clear top-loading page protectors	—	1	—
Calculator	—	—	Texas Instruments TIJ-30XIIS (optional)
Scissors	1 (optional)	1	—
Pencil bag or box	1	1	1
Post-It Notes	1 pack	—	3 pack 1-1/2x2 (ELA)
Small Pencil Sharpener	—	—	—

Students will be notified the first week of school of additional materials required by teams or teachers.

Buy supplies now (especially pencils and notebooks) while they're on sale and keep the extras at home until needed.

John Muir Middle School

	6TH GRADE	7TH GRADE	8TH GRADE
Boxes of Facial Tissues	3 large boxes	3 large boxes	3 large boxes
Highlighters	2 - different colors	Yes	Yes
#2 Pencils	3 dozen, sharpened 5 wooden - for Art only	3 dozen/semester 5 wooden - for Art only	2 dozen 5 wooden - for Art only
Pink Erasers	3 (2 for Art only)	2 for Art only	2 for Art only
3x5 Index Cards	1 pack	No	1 - 100 pack
Markers, Color	YES	No	Yes
Dry-erase markers	2	No	No
Glue Sticks	2 Large	2 Large (Science)	1
Colored Pencils	Yes	Yes	Yes
Pens - Red	1 pack	Optional	Yes
Pens - Blue or Black	Optional	Optional	Yes
Ultra Fine Black Markers	Optional	No	No
Ruler	No	No	Yes - metric and standard
Earbuds or Headphones	Yes	Yes	Yes
Study Plastic Accordion Filing System w/ 8 divider tabs OR Large 3-Ring Pocket Folders	Yes	Optional	No
Pocket Folders	1 - Music	2	1 per class minimum (6-8)
Spiral Notebook	1 - Music 2 - Language Arts 2 - Math 1 - Science Social Studies	1 per class (6) 1 - Orchestra	1 per class (6-8) 1 - Orchestra
Composition Notebook	Optional (SEL)	1-Science, 1-Lit, 1-SEL	1 - SEL
3-Ring Binders	1 - Orchestra, 1" 1 - Health, 1.5"	1 - Orchestra, 1" 1 - Math, 1"	1 - ELA, 1.5" 1 - World Languages, 1.5" 1 - Orchestra, 1"
White Loose-Leaf Paper	No	No	1 pack
Calculator	1 - Basic	1 - Scientific for math	1 - Scientific for math
Scissors	No	No	Yes
Pencil bag or box	Yes	Yes	No
Post-It Notes, 3x5	1 - Literacy	Yes	Yes
Small Pencil Sharpener	Optional	No	No

IMPORTANT - Please read

MINIMAL additional supplies may be announced by individual 6th or 7th grade literacy teachers at the beginning of the school year or by elective teachers (art, Family Consumer Science, music, World Language, or technology). Padlocks for Phy Ed must be purchased through the school. Store bought locks are not permitted. Students are strongly encouraged to have an extra set of clothes to keep in their academic locker. Please see the Student Handbook on the JMMS website for the dress code policy; which is strictly enforced. LOCKER DECORATIONS: In an effort to maintain the new condition of our lockers and ensure their looks and durability for years to come items inside lockers may only be secured with magnets; tape is not allowed. NO CONTACT PAPER allowed due to the sticky residue it leaves.

WAUSAU SCHOOL DISTRICT			
2021-2022 Daily School Schedules - 175 Days			
SCHOOL	INCOMING BELL	STARTING TIME	DISMISSAL
SECONDARY			
West High	NA	7:45 AM	3:00 PM
East High	7:40 AM	7:45 AM	3:00 PM
John Muir	7:30 AM	7:35 AM	2:55 PM
Horace Mann	7:30 AM	7:35 AM	2:50 PM
EEA Learning Academy		8:00 AM	3:30 PM
Wausau EGL Academy	7:40 AM	7:45 AM	3:00 PM
ELEMENTARY			
4K Learning Academies (Hawthorn Hills, Jefferson, Jones, Riverview)	(AM) 4K and EC (PM) 4K and EC	8:25 AM 11:40 AM	11:00 AM 2:15 PM
Franklin	8:30 AM	8:35 AM	3:30 PM
Grant	8:30 AM	8:35 AM	3:30 PM
Hawthorn Hills	8:30 AM	8:35 AM	3:30 PM
Hewitt-Texas	8:30 AM	8:35 AM	3:30 PM
Jefferson	8:30 AM	8:35 AM	3:30 PM
Jones	8:30 AM	8:35 AM	3:30 PM
Lincoln	8:30 AM	8:35 AM	3:30 PM
Maine	8:30 AM	8:35 AM	3:30 PM
Marshall	8:30 AM	8:35 AM	3:30 PM
Wausau Area Montessori Charter School	8:10 AM	8:15 AM	3:15 PM
Rib Mountain	8:30 AM	8:35 AM	3:30 PM
Riverview	8:30 AM	8:35 AM	3:30 PM
South Mountain	8:30 AM	8:35 AM	3:30 PM
Stettin	8:30 AM	8:35 AM	3:30 PM