

School District of Neillsville
WELCOME TO OUR SCHOOL



ENROLLMENT
PACKET
2025-2026

Elementary School
Grade: 4K

Thank you for choosing us!



WELCOME

NEILLSVILLE PARENTS AND STUDENTS!



School Starts: Tuesday, September 2, 2025

4K: Morning Class: 8:00am to 11:00am
 Afternoon Class: 12:00pm to 3:15pm

Grade 5K-5: 8:00am to 3:15pm
Grade 6-12: 8:00am to 3:20pm

School Phone Number: 715-743-3323

Elementary/Middle School Office: Ext. 3
Bus Garage: Ext. 2 or 715-743-8734

High School Office: Ext. 4
Food Service Office: Ext. 6

Registration Information

Student Technology Fee is \$20.00 per student.

You may make your payment anytime online through the parent portal or in the school office.

If you have any questions regarding the parent portal activation process, please contact Amy Arndt by email: AArndt@neillsvillek12.org or by phone 715-743-8824.

Open House Information

4K-12th grade Open House for all students:
 Wednesday, August 27, 2025 from 1:00pm-4:30pm and 5:00pm-7:00pm

Stay Connected

- Text YES to 87569 to receive automated text messages on your phone
- Find us on Facebook, Twitter & Instagram
- Download our school app SCHOOL DISTRICT OF NEILLSVILLE from your playstore

Misc. Information

- 4K-5th grade, a letter will be sent home listing your child/ren's homeroom teacher.
- Grades 6-8 students, pickup your schedule in the Middle School hallway during Open House.
- Physical Exams are recommended for all new students, 9th graders and Kindergarten children.
- Physical Exam forms are available from your doctor's office or from the school office.
- All students are urged to have their immunization shots.

Parent Check List



- | | |
|---|--|
| <input type="checkbox"/> New Student Registration Complete
<input type="checkbox"/> Parent Portal Updated Phone and/or email
<input type="checkbox"/> Food Service Account Deposit
<input type="checkbox"/> Free/Reduced Meal Application Complete-return to school. | <input type="checkbox"/> Student Technology Fee Invoice Paid
<input type="checkbox"/> Address Changes Reported To Office
<input type="checkbox"/> Medical Information Form Complete
**Application <u>must</u> be completed annually.
** Free or reduced status starts, if eligible, the day the application is brought in. Any expense prior to the application is the parent/guardian's responsibility. |
|---|--|



SCHOOL DISTRICT OF NEILLSVILLE

Enrollment Form

2025-26

4K will be half days, 4 days a week. Transportation will be available

Class Preference: Morning 4K. 8am-11am Afternoon 4K. 12pm-3:15pm

*Please note: Class preference is not guaranteed.

Student Information:

Legal Name: _____ Gender: Female Male

Date of Birth: _____ Birth Place: _____

Primary Address: _____

Home Phone #: _____ Cell Phone #: _____

Race/Ethnicity Information:

American Indian Asian or Pacific Islander African American Hispanic/Latino Caucasian

Tribal affiliation: _____

Exceptional EEN Needs: _____

Parent/Guardian Information:

Primary Name: _____

Secondary Name: _____

Race/Ethnicity Information:

American Indian Asian or Pacific Islander

Race/Ethnicity Information:

American Indian Asian or Pacific Islander

Tribal affiliation: _____

Tribal affiliation: _____

African American Hispanic/Latino Caucasian

African American Hispanic/Latino Caucasian

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Cell #: _____

Cell #: _____

Email: _____

Email: _____

Employer Name: _____

Employer Name: _____

Employer Phone #: _____

Employer Phone #: _____

Student Lives With: _____

Court Order Regarding Custody: No Yes, Court Order MUST be on file in order to implement the Court Order.

Emergency Information:

Please list emergency contacts, other than above named, who may be called about the student's illness, injury or early pick up child if we are unable to reach you.

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Anything else you would like us to know? (Bussing or Daycare) _____

Signature: _____

Date: _____

Parent/Legal Guardian



SCHOOL DISTRICT OF NEILLSVILLE

Request for Cumulative School Records

(Solicitud de Registros Escolares Acumulativos)

To: _____ Date: _____
 _____ School Phone #: _____
 _____ School Fax #: _____

This notice is regarding your former students:

Last Name: _____ First Name: _____ DOB: _____ Grade: _____
 Last Name: _____ First Name: _____ DOB: _____ Grade: _____
 Last Name: _____ First Name: _____ DOB: _____ Grade: _____

The above named students have been enrolled in Neillsville Elementary/Middle School. We are requesting that you forward copies of all school records, which may include the following:

- | | | | |
|--------------------|--------------------------|--------------------------|------------------------------------|
| Report Cards | Immunization Records | Attendance Information | Reports/Tests/Data |
| Scholastic Grades | Psychological Reports | SSAT Records/Reports | Anecdotal Reports |
| PREP Records (K-3) | Social Histories | Standardized Test Scores | Health and Outside Medical Records |
| Final Grades | Date of Entry/Withdrawal | EEN Staffing | |

Other: _____

Signature: _____ Date: _____
Parent/Legal Guardian

**Written parental permission for release of education records is not required as provided under Section 118.125(4) Wisconsin Statutes and Federal Regulations Part 99.31 (a)(1) (Privacy Rights of Parents and Students).*

Please forward all requested records to: **Neillsville Elementary/ Middle School** Phone: 715-743-3323 Ext. 5
504 East 5th Street Fax: 715-743-8715
Neillsville WI 54456

If you have any questions or concerns, please call 715-743-3323 Ext. 3. Thank you for your attention to this matter. Enrollment packet updated 02/18/2025 JG



SCHOOL DISTRICT OF NEILLSVILLE

Parent Questionnaire: Kindergarten Enrollment (4-5 Years Old) - **Students not going into 4 year old or 5 year old kindergarten, are not required to complete this form.**

Thank you for enrolling your child in our kindergarten programs! This questionnaire will help us get to know your child better and ensure a smooth transition into school. Your answers will be kept confidential and used to support your child's individual learning and development. **Please answer the following questions to the best of your ability. If you are unsure or the question doesn't apply, please write "N/A".**

Potty Training & Self-Care: (WE RECOMMEND ALL CHILDREN BE POTTY TRAINED)

1. Is your child fully potty trained - day ? **Yes / No**
2. Does your child reliably communicate their need to use the restroom? **Yes / No**
3. Can your child independently manage clothing for toileting (e.g., pulling pants up/down)? **Yes / No**
4. Can your child independently put on their coat/jacket? **Yes / No**

Following Directions & Social Skills:

1. Can your child follow simple one-step directions (e.g., "Please put the book on the table")? **Yes / No / Mostly**
2. Can your child follow simple two-step directions (e.g., "Please pick up the toy and put it in the box")? **Yes / No / Mostly**
3. How would you describe your child's ability to share and take turns? **Excellent / Good / Fair / Needs Support**
4. How does your child typically interact with other children? **Plays well / Plays sometimes / Prefers to play alone / Needs support**
5. How does your child typically react to transitions (e.g., moving from one activity to another)? **Adapts easily / Sometimes struggles / Often struggles / Needs support**

Early Literacy & Numeracy:

1. Can your child recognize some letters of the alphabet? **Yes / No / Some**
If yes, please list a few: _____
2. Can your child recognize some numbers? **Yes / No / Some**
If yes, please list a few: _____
3. Can your child say their ABCs? **Yes / No / Some**
4. Can your child count to 10? **Yes / No / Some**
5. Does your child enjoy listening to stories? **Yes / No / Sometimes**

DISTRICT OFFICE
JOHN GAIER, ADMINISTRATOR
614 EAST 5TH STREET
NEILLSVILLE, WI 54456
PHONE: 715-743-3323 (7)
FAX: 715-743-8718

ELEMENTARY/MIDDLE SCHOOL
MARCY KUNZE, ELEMENTARY PRINCIPAL
JESSE BERNHAGEN, MIDDLE SCHOOL PRINCIPAL
504 EAST 5TH STREET
NEILLSVILLE, WI 54456
PHONE: 715-743-3323 (5)
FAX: 715-743-8715

HIGH SCHOOL
JENNIFER ASPENSON, PRINCIPAL
401 CENTER STREET
NEILLSVILLE, WI 54456
PHONE: 715-743-3323 (6)
FAX: 715-743-8714



SCHOOL DISTRICT OF NEILLSVILLE

6. Does your child show interest in books and reading? **Yes / No / Sometimes**
7. Does your child recognize their own name in print? **Yes / No / Mostly**

Attention & Focus:

1. How would you describe your child's attention span? **Good for their age / Sometimes struggles / Often struggles**
2. Can your child typically focus on a task for at least 10-15 minutes? **Yes / No / Sometimes**
3. Does your child have difficulty sitting still for short periods of time? **Yes / No / Sometimes**
4. Does your child seem easily distracted? **Yes / No / Sometimes**

Other Information:

1. Are there any specific concerns you have about your child starting kindergarten?

2. Is there anything else you would like us to know about your child (e.g., special needs, allergies, medical conditions, family circumstances)?

3. What are your child's strengths and interests?

Thank you for your time and cooperation. We look forward to welcoming your child to our school!

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SCHOOL DISTRICT OF NEILLSVILLE

Student Screening Form

2025-26

Student Information:

Legal Name: _____ Enrollment Date: _____

Date of Birth: _____ Current Age: _____

Primary Address: _____

Previous School: _____ Grade: _____

1. Was this student receiving any special service in their previous school?
For example, Intervention or Title I? No Yes, Please explain: _____

2. Was the student in Special Education? No Yes, Please check all that apply.

Early Childhood (Preschool)

Visually Impaired

Speech and Language Therapy

Hearing Impaired

Learning Disabilities

Emotionally Disturbed

Intellectual Disability

Other:

3. Does this student have a 504 Plan? No Yes

4. Does this student have any physical needs? (medications, allergies, ect.) No Yes, Please explain: _____

5. Has this student ever been retained? No Yes, Date: _____ Grade: _____

No Yes, Date: _____ Grade: _____

Home Language Information

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: Go to Question 2

No: Go to Question 3

Student Screening Continued

2. When at home, does this student hear or use a language other than English more than half of the time?

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: 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: 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: 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: 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: 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: 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: 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

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

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

Parent name: _____

Parent name: _____

Oral: _____

Oral: _____

Written: _____

Written: _____

Office Use Only:

HLS Result: Screen / Do not Screen (circle one)



SCHOOL DISTRICT OF NEILLSVILLE

Request for Bus Transportation

2025-26



Office Use Only	
Bus # Before School:	_____
Bus # After School:	_____
Bus Driver Name:	_____
Start Date:	_____

4K Student Information

Student Name: _____

Parent/Legal Guardian Name: _____

Pick Up Address: _____

Drop Off Address: _____

Cell Phone: _____

Other Phone: _____

Morning Class

Afternoon Class

Riding: Before School
 After School

Riding: Before School
 After School

Daycare Information

If Bus Route includes a daycare provider, please complete below:

Daycare Information : _____

Provider Name: _____

Address: _____

Phone #: _____ Other Phone #: _____

Signature: _____ Date: _____

Parent/legal Guardian



SCHOOL DISTRICT OF NEILLSVILLE

Early Dismissal Form

2025-26

In emergency situations (severe weather condition, power failure, etc.) it may be necessary to dismiss school early. To ensure that we have a plan in place for each student, we are asking you to complete the form below.

Bus information-If your child is in 4K-2nd grade **and does not** have an older sibling who also rides the bus, bus drivers will need to see an adult at the drop off site before they are able to release them. Please plan accordingly for these situations. Thank you!

Student's Name: _____ Grade: _____ Teacher: _____
Last, First

Directions for your child in the event of an early dismissal:

My child will be **picked up** at school by _____ Phone # _____

My child should **walk** to the following address:

My child will **ride the bus** and be dropped off at the following address:

_____ which is the Regular or Alternative drop off

Additional Comments: _____

If there are any questions/concerns, please contact _____ Phone # _____

****Please Note:** If your situation regarding the information above changes, it is your responsibility to notify the school of any change. Thank you!

Parent/Guardian Signature: _____ Date: ____/____/____

Enrollment packet updated 02/18/2025 JG

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SCHOOL DISTRICT OF NEILLSVILLE

Expulsion Disclaimer

(1995 WISCONSIN ACT 29)

2025-26

Student Name: _____

Is the student being registered currently under an expulsion from any other school district?

Yes No

*Falsifying any information may cause a pupil's registration to be invalid.

Signature: _____
Student

Date: _____

Signature: _____
Parent/Legal Guardian

Date: _____

School District of Neillsville Elementary School

Handbook Acknowledgement

Please Review The Student Handbook On-Line at:
<http://www.neillsville.k12.wi.us>

The student handbook was reviewed by the student and all questions have been clarified by the school administration.

Student Name: _____
Print

Signature: _____ Date: _____
Student

Parent Name: _____
Print

I have reviewed my child's handbook and all questions have been clarified by the school administration.

Signature: _____ Date: _____
Parent

Sign This Page
Submit Completed Form To Your Homeroom Teacher.



SCHOOL DISTRICT OF NEILLSVILLE

Questions for Enrollment to Determine Potential Migrant Eligibility

Student Name: _____ **Grade:** _____

1. Within the last 3 years, have you or anyone in your household moved for any reason?

YES _____ NO _____

2. Are you working or have you ever worked in agriculture in the last three years?

YES _____ NO _____

If you answered **NO** to either of these questions, please stop.

If you answered **YES**, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States?

Month _____ Year _____

4. Please check any of the agricultural activities listed below that you have looked for or worked in:

- _____ Plant or harvest vegetables or fruits
- _____ Canning vegetables or fruits
- _____ Detassel corn
- _____ Sod farm
- _____ Tobacco farm
- _____ Planting, pruning or cutting trees
- _____ Poultry and/or egg farm
- _____ Dairy farm
- _____ Duck, turkey, chicken, pork or beef processing plant
- _____ Floriculture/gladiola farm
- _____ Aquaculture/fish hatcheries
- _____ Green house or plant nursery



Digital Equity Data Collection

Student Name: _____

Grade: _____

1. Internet Access in Residence: *Can the student access the internet on their primary learning device at home?* (Circle One)

True (Yes) False (No)

2. Barrier to Internet Access in Residence: *If the student is unable to access internet in their primary place of residence, why not?* (Circle one)

Not Desired Not Available Not Affordable Other

3. Internet Access Type in Residence: *What is the primary type of internet service used at the residence?* (Circle one)

Residential Broadband (e.g., DSL, Fixed Wireless, Cable, Fiber)

Cellular Network

Hot Spot (*school provided hot spot, or school provided service*)

Satellite

Community Provided Wi-Fi

Dial-up

Other

None

Unknown

4. Internet Performance in Residence: *Can the student stream a video on their primary learning device without interruption?* (Circle One)

Yes No Sometimes (*not consistently*)

5. Primary Learning Device Away from School: *What device does the student most often use to complete school work at home?* (Circle One)

Desktop Computer

Laptop Computer

Tablet

Chrombeook

Smartphone

None

6. Primary Learning Device Provider: *Who provided the primary learning device to the student?* (Circle One)

School

Personal

Other

7. Primary Learning Device Access: *Is the primary learning device shared with anyone else in the household?* (Circle One)

Shared

Not Shared

Unknown



**SCHOOL DISTRICT OF NEILLSVILLE
MEDICAL INFORMATION FOR 2025-2026 SCHOOL YEAR**



All medical information will be kept confidential. All pertinent health information will be shared with school staff in case of emergency.

Last Name: _____ First Name: _____ Middle Initial: _____ Grade: _____

New student

Returning Student

The School District has my permission to administer the following as directed on the bottle: (Please check yes or no)

Tylenol: Yes No Ibuprofen: Yes No Tums: Yes No Cough Drops: Yes No Benadryl: Yes No Please Initial: _____

Are there things concerning your child, which you would like to discuss with the school psychologist and/or counselor? Yes No

It is important for the school to have health information on each student. To help us to better serve the needs of your child, please answer the following:

Daily Medications (s): _____ Need to take at School? Yes No

Please check all that apply: My child does not have any health concerns

Asthma; Inhaler at school? Yes No Triggers: _____ Inhalers: Daily Emergency Self Carry? Yes No

Diabetes; When diagnosed? _____ Last Hgb A1C: _____ Insulin: Pen Pump Syringe

Seizures; Date of last seizure: _____ Emergency medication? Yes No If yes, name of medication? _____

Heart Trouble; Please explain. Any restrictions must be accompanied by a written medical excuse: _____

Allergies To: _____

Reactions would be: _____

Epi-Pen; Home School Self carry? Yes No Child instructed how to use? Yes No

Other health concerns (such as concussion, dental, behavior, developmental, nutrition, kidney trouble, ulcers, migraines, serious accidents or operations)? _____

Note: It is School Board Policy that a Medical Authorization Form MUST be on file when a child receives or has self-carry prescription or non-prescription medication at school. Please contact the Health Office if you are in need of this form.

If I cannot be reached immediately, I authorize designated school personnel to call or drive my child to the physician, dentist, or hospital if the need for emergency care exists. An ambulance may be called if necessary. I further authorize emergency treatment to be initiated when needed. I hereby indemnify and hold harmless school staff and medical providers who act in reliance of the authorization.

Parent/Guardian Signature: _____ Date: _____



SCHOOL DISTRICT OF NEILLSVILLE

Physical Form

(Please take this form to your family physician)

*The school district recommends children entering school for the first time (4K or 5K) and Freshman to receive a physical examination. If you choose not to do so, please complete the waiver on the back side of this form.

You only need to provide copies of immunization to the school if your child has received them in a state other than Wisconsin

Student Name: _____ DOB: _____ Age: _____

School Year: _____ Grade: _____

Is this student up-to-date on state required immunizations? No Yes
(please advise parents when they are due next)

Were immunizations given today? No Yes If Yes, please list immunizations given: _____

Has this child had chickenpox disease? No Yes, in the year: _____

Has this child received a vision screening today? No Yes

Has this child received a vision screening in the past two (2) years? No Yes

When was the child's last hearing screening? _____

Is the student able to carry a full program of school work? No Yes

Is special seating required? No Yes

Are there any physical restrictions at school? No Yes

Are there emotional or behavioral issues the school needs to accommodate for? No Yes

and duration: _____

Signature: _____
Physician

Date: _____

To be filled out by school personnel: Action taken on above recommendations: _____



SCHOOL DISTRICT OF NEILLSVILLE

Physical Form- WAIVER

I release the school district, staff and school nurse from liability for any medical condition they were not aware of.

This notice will be kept on file in the nurse's office.

Signature: _____
Parent/Legal Guardian

Date: _____

SCHOOL DISTRICT OF NEILLSVILLE

PARENT INFORMATION

Up-to-Date Immunizations are required by state law. Students are required to stay up-to-date on immunizations in order to avoid exclusion from school or sign a waiver provided by the school declining immunization. Please check with the doctor's office prior to the start of school to ask if any immunizations are due. If your child has received immunizations from out of state turn a copy in to the school health office prior to the first day of school.

IF YOUR CHILD HAS ANY OF THESE HEALTH CONDITIONS A WRITTEN EMERGENCY PLAN FROM THE PHYSICIAN IS REQUIRED YEARLY...

- * **AN ANAPHYLACTIC ALLERGY** (Requiring an epi-pen). Bring an epi-pen to the school health office prior to the first day of school. This is especially important for student safety on fieldtrips. There is no way to guarantee treats brought in by other students will not contain or be prepared with what your child is allergic to. Parents of children with food allergies are encouraged to bring in a bag/box of "safe treats" at the beginning of the year for their child to have on hand in the classroom to enjoy as a substitute for treats brought in by other students.
- * **A SERIOUS SEIZURE DISORDER** (Requiring emergency medication if they have a seizure) Bring rectal diastat/other medication to the school health office prior to the first day of school.
- * **INSULIN DEPENDENT DIABETES** Bring glucagon to the school health office prior to the first day of school with the written "Diabetes Medical Plan" from the doctor.
- * **ASTHMA**-Bring inhaler to the school health office prior to the first day of school.
- * Any other medical condition that may require emergency care.

PLEASE NOTE:

- * If your child is allergic to Tylenol, cough drops, hydrocortisone cream, Benadryl, mints, or peroxide a physician's note is required to be on file with the school health office.
- * Medications should not be sent to school with students for the safety of all students.
- * Medications at the school cannot be returned to students under the age of 18. Medications that are not needed at school must be picked up by a parent/legal guardian, except by discretion of the school health office.
- * Medications that are expired or not picked up within 30 days of being discontinued will be disposed of.
- * Parents are responsible for keeping track of quantity and expiration dates (including emergency medications).
- * Medications should be taken at home when possible. Medication needed 3 times per day (ie, antibiotics or eye drops) should be taken before school, after school and at bedtime.
- * Middle School/High School students may bring cough drops to school if they keep them in their locker or pocket and refrain from sharing them with other students.

STATE LAWS FOR MEDICATION IN SCHOOL ARE:

1. Medications must be in the original container from the pharmacy with the original label on it.
If requested, pharmacies will label 2 bottles for you, one for school and one for home.
2. The bottle must not be expired.
3. A written doctor's order must be on file in the school health office for prescription medication.
4. A written note from the parent must be on file in the school health office for all medications stating school staff has permission to give the medication to their child.
5. Medications must be kept locked.
6. Students with asthma may carry inhalers at school if there is a written doctor's order along with a parent note stating the student may "self-carry" the inhaler.
7. A student may carry their own epi-pen at school or school activities only if there is a Doctor's order and signed parent note stating the student should be allowed to "self-carry".

Our goal is to provide the safest and most effective medical care for your child in case of an emergency.
Thank you for your assistance. School Health Office. (715) 743-8753

Infinite Campus Portal

The Infinite Campus Portal is available to parent and students. The following information is available on the portal website:

- * Food Services - Current Lunch Account Balance, transactions and apply for free or reduced lunches.
- * Students Schedule, Attendance, Grades and Behavior.
- * Reports - Student Schedule, Missing Assignments and Transcripts.
- * Contact Preferences - You can be called and/or texted in cases of emergencies and school closings.
- * Online Payments - Technology Fees, Food Service Payments, and all other Assigned Fees can be paid using the Infinte Campus Portal.

If you need your infinite Campus account created or cannot remember your username and password, please fill out the form below, return it to your child's homeroom teacher or to the office and your information will be emailed to you.

The portal website is located at:

<https://wicloud2.infinitecampus.org/campus/portal/neillsville.jsp>

**One form will cover all students in your family.
Each parent can have their own account.**

Parent Name: _____

Student Name: _____

Email Address: _____

Preferred Username: _____

(If none provided it will be your first initial, last name)



Student Supply List

2025-26

The School District of Neillsville will provide all students with basic classroom supplies such as Folders, Paper, Pens, Erasers, Glue, Rulers, Crayons, Index Cards, Markers, Etc.

4K: No supplies needed

5K: Rest Mat and Headphones

Grade 1: Headphones

Grades 2-5: Headphones/earbuds (Not wireless)

Grades 6-12: 3 Ring Zipper Binder (3 Inch)
Heavy Duty Pencil Pouch for Binder
Head Phones or Earbuds

Student Choice Items:

Pencil Sharpener
Mechanical Pencils
Mouse (Grades 3-12)
Backpack
Grades 6-8th: Daily Assignment Planner

