

SCHOOL DISTRICT OF
LA CROSSE
Dream • Believe • Achieve



STUDENT

INFO

UPDATE

**STEP-BY-STEP
INSTRUCTIONS**

LOG IN TO YOUR SKYWARD FAMILY ACCESS ACCOUNT

1. Open a web browser such as Chrome or Internet Explorer.
2. Go to the School District of La Crosse website homepage:

www.lacrosseschools.org

3. Click the blue “Skyward” button.
4. Enter your login and password on the Skyward Family Access login page.

Note: If you do not know your login or password:

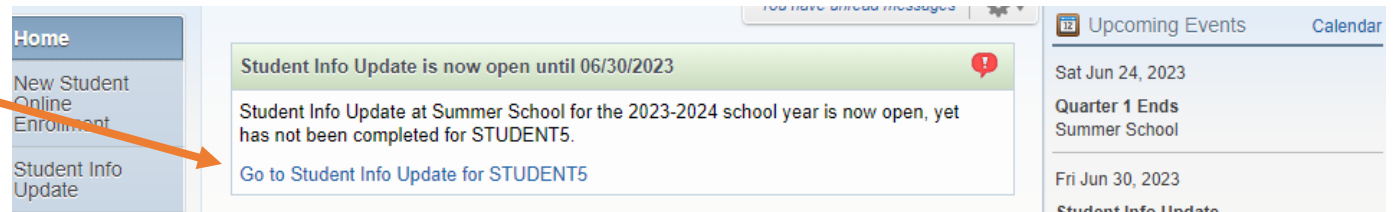
- Use the “Forgot your Login/Password” link and follow the prompts, or
- Call your child’s school, or
- Call the District Registrar’s Office at 608.789.7756

5. Click “Sign in”

The screenshot shows the School District of La Crosse website homepage. At the top, there is a navigation menu with links for Skyward, Canvas, Calendars, Menus, Tip Line, and Staff Directory. Below the navigation is a banner image of a teacher interacting with students, with the text "Dream. Believe. Achieve." overlaid. A row of five buttons is visible: Skyward (blue), Canvas (red), Calendar (yellow), Menus (grey), and Classlink (grey). Below the buttons is a login form titled "Welcome to School District of LaCrosse Portal (SkyPort) Educator Access". The form includes the Skyward logo, the text "La Crosse School District", and a link for "Forgot your login or password". There are input fields for "Login ID:" and "Password:", a "Sign In" button, and a "Forgot your Login/Password?" link. At the bottom of the form, there is a "Login Area:" dropdown menu set to "All Areas" and a date "05.17.02.00.13". At the very bottom of the page, there is a link to return to the LaCrosse School District Home page: <http://www.lacrosseschools.org>. Orange arrows point from the instructions to the Skyward button and the Sign In button.

NAVIGATE TO THE STUDENT INFO UPDATE

1. Click on the “Go to Student Info Update for “[Student Name]” link in the center column.



Note: A link will appear for each child in the family. The Student Info Update must be completed for each student individually.

REVIEW INSTRUCTIONS; BEGIN UPDATE

I. Read over the instructions information.

Note: Important information includes:

- On each step, review the listed information and make changes if needed.
- Any changes to the primary address require proof of the new address to either your child's school or the District Registrar's Office at Hogan Administrative Center.
- If you have moved outside the School District of La Crosse boundaries and would like your child(ren) to continue attending in La Crosse, contact the Open Enrollment office at 608-789-7651 regarding the Open Enrollment Process.
- If you have moved and changed boundary schools within the district, but would like your child(ren) to continue attending your current school, complete the Intradistrict Transfer form available in the on the district web page under Enrollment - Intradistrict Transfers.
- On the "Complete Student Info Update" page, be sure that all steps are marked as Completed or Skipped. Any steps that are in red will need to be completed before the Submit button is available.

2. Click on "Next" button in the lower right to start Step 1a.

2024 - 2025 Student Info Update

Welcome to the Student Info Update in Family Access!

STUDENT INFORMATION PUBLICATION PERMISSIONS (DATA DIRECTORY):

NEW for this school year - Categories have been updated for the 2024-2025 school year.

Step 1a, "Allow Publication of Student's Name for:", WILL need to be completed. The explanations for Student Publication options are available by clicking on the "?" icon.

NOTE: All settings have been reset back to "Yes". If you would like to opt out of your child's information being shared, please update the settings accordingly.

ADDITIONAL INFORMATION:

Step 1a, "General Information" area, is locked and cannot be changed without providing legal documentation to either your child's schools or the District Registrar's office.

If you have a change of address, you'll need to provide verification of the new address to the Registrar's office at 807 East Ave S or one of your child's schools. You may also email a copy to registrar@lacrossesd.org.

If you have moved outside of the district and would like your child to continue attending in La Crosse, please contact the Open Enrollment office at 608-789-7651 regarding the open enrollment process.

If you have moved and are unsure of your boundary school, click the link to find your boundary school [Search for Boundary School](#)

If you have moved and your boundary school has changed within the school district, but would like your child to continue attending your current school, please complete the Intradistrict Transfer form available by clicking on the Intradistrict Transfer Form link [Intradistrict Transfer Form](#)

On the "Complete Student Info Update" page, be sure that all steps are marked as "Completed" or "Skipped". Any steps that are in red will need to be completed before the "Submit" button is available.

Please click the "Next" button in the lower right to begin.

2024 - 2025 Student Info Update

1. Verify Student Information
 - a. Student Information
 - b. Family Address
 - c. Family Information
 - d. Emergency Information
 - e. Emergency Contacts
2. Student/Family Residence Questionnaire
3. Verify Ethnicity/Race
4. Food Service Application
5. Free & Reduced - Disclosure of Benefits
6. Student Accident Insurance
7. Health Forms
8. LaCrosse Public Education Foundation/La Crosse Promise
9. Code of Rights and Responsibilities
10. Athletics Registration
11. Dental Sealants
12. Technology Forms
13. Annual Consent to Treatment of Student and Annual Walking Field Trip
14. Make an Online Payment
15. Migrant Eligibility Form
16. Mental Health Screening Consent
17. Signature Page
18. Summary Page

Next

STEPS IA, B, C, D, AND E: VERIFYING STUDENT INFORMATION

STEP IA - STUDENT INFORMATION

1. Review the General Information section.

Note: Blue/gray fields are locked. The information can be changed by contacting your child's school or the District Registrar's Office.

2. Parents in Military: School districts are required by the state to ask these questions beginning fall 2018.

3. Technology at Home: School districts are required by the state to ask these questions beginning fall 2020.

4. Select your preferences for publications of the student's name.

•**Military** - The "Military Use" flag is used to exclude student information from being sent to military recruiters.

•**Higher Education** - The "Higher Ed Use" flag is used to exclude student information from being sent to institutions of higher education.

•**Public** - The "Public Use" flag when choosing NO means your student's name will NOT be shared with Non-District Affiliated Organizations (Vendors): booster clubs, non profit organizations, PTO/PTA, faith based organizations, school related vendors, senior picture companies, employment, non-school related activities.

•**Media** - The "Media Use" flag when choosing NO means your student's name will NOT be published in school or external media such as print, web, TV, radio, and social media (ie. Facebook, Instagram, Twitter, YouTube, Class Dojo etc.).

5. Click on "Complete Step 1a and move to Step 1b" to finish this step.

Step 1a. Verify Student Information: Student Information (Required)

Step 1a: Click on the "?" icon for Student Publication definitions. Scroll to the bottom of the page to review or update.

Step 1b: Address Changes: Provide address verification to the District Registrar's office or to your child's school.

Step 1c: Update as necessary.

Step 1d: For Physician and Dentist names, enter their LAST NAME first.

Step 1e: Emergency Contacts: Provide up to 3 local emergency contacts. These contacts will be called if legal guardians are not available.

General Information

First: Middle:

Last: Suffix:

Birthdate: Gender:

Gender Identity:

Language:

Is either parent or guardian on active duty in the military?

Is either parent or guardian a traditional member of the Guard or Reserve?

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?

Multiple Birth

Birth County:

Birth State:

Birth Country:

Technology at Home

Can the student access the internet on their primary learning device at home?:

If the student is unable to access internet in their primary place of residence, why not?:

What is the primary type of internet service used at the residence?:

Can the student stream a video on their primary learning device without interruption?:

What device does the student most often use to complete school work at home?:

Who provided the primary learning device to the student?:

Is the primary learning device shared with anyone else in the household?:

Allow Publication of Student's Name for:

Military:

Higher Ed:

Public:

Media:

[Complete Step 1a and move to Step 1b](#)

2024 - 2025 Student Info Update

1. Verify Student Information

a. Student Information

b. Family Address

c. Family Information

d. Emergency Information

e. Emergency Contacts

2. Student/Family Residence Questionnaire

3. Verify Ethnicity/Race

4. Food Service Application

5. Free & Reduced - Disclosure of Benefits

6. Student Accident Insurance

7. Health Forms

8. LaCrosse Public Education Foundation/La Crosse Promise

9. Code of Rights and Responsibilities

10. Athletics Registration

11. Dental Sealants

12. Technology Forms

13. Annual Consent to Treatment of Student and Annual Walking Field Trip

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[Previous Step](#)

[Next Step](#)

STEPS IA, B, C, D, AND E: VERIFYING STUDENT INFORMATION

STEP 1B - FAMILY ADDRESS

I. Review the Address section.

Note: Changes to your address can be entered but must be verified with proof of new address (lease, utility bill, etc.) to either the District Registrar's Office or your child's school.

If your new address is in a different boundary but would like your child to continue attending their current school, please complete the Intradistrict Transfer form. The form is available in the on the district web page under Enrollment-Intradistrict Transfers.

If you have moved outside of the School District of La Crosse boundaries and would like your child (ren) to continue attending in La Crosse, contact the Open Enrollment office at 608-789-7651 regarding the Open Enrollment process.

2. Click on "Complete Step 1b and move to Step 1c" to finish this step.

STUDENT5 (Summer School 2023-2024) Undo

Step 1b. Verify Student Information: Family Address (Required)

Step 1a: Click on the "?" icon for Student Publication definitions. Scroll to the bottom of the page to review or update.

Step 1b: Address Changes: Provide address verification to the District Registrar's office or to your child's school.

Step 1c: Update as necessary.

Step 1d: For Physician and Dentist names, enter their LAST NAME first.

Step 1e: Emergency Contacts: Provide up to 3 local emergency contacts. These contacts will be called if legal guardians are not available.

Address [Preview Address](#)

Street Number: Street Dir: Street Name:

SUD: #: P.O. Box:

Address 2:

Zip Code: Plus 4: City/State:

County:

Mailing Address Same as Address

Street Number: Street Dir: Street Name:

SUD: #: P.O. Box:

Address 2:

Zip Code: Plus 4: City/State:

[Complete Step 1b and move to Step 1c](#)

2023 - 2024 Student Info Update

1. Verify Student Information
 - a. Student Information
 - b. Family Address**
 - c. Family Information
 - d. Emergency Information
 - e. Emergency Contacts
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3. Verify Ethnicity/Race
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12. Transcript Release Form
13. Technology Forms
14. Make an Online Payment
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16. Census Form
17. Migrant Eligibility Form
18. Mental Health Screening Consent
19. Signature Page
20. Summary Page
21. Complete Student Info Update

[Previous Step](#) [Next Step](#)

[Close and Finish Later](#)

STEPS 1A, B, C, D, AND E: VERIFYING STUDENT INFORMATION

STEP 1C - FAMILY INFORMATION

1. Review the Family Information section and make changes, if needed.

Note: Changes will display in bold until approved, if needed, by the school district. No further action is needed on your part.

2. Click on “Complete Step 1c and move to Step 1d” to finish this step.

STUDENT5 (Summer School 2023-2024) Undo

Step 1c. Verify Student Information: Family Information (Required)

Step 1a: Click on the “?” icon for Student Publication definitions. Scroll to the bottom of the page to review or update.

Step 1b: Address Changes: Provide address verification to the District Registrar’s office or to your child’s school.

Step 1c: Update as necessary.

Step 1d: For Physician and Dentist names, enter their LAST NAME first.

Step 1e: Emergency Contacts: Provide up to 3 local emergency contacts. These contacts will be called if legal guardians are not available.

Family Options

* Home Language: Receive a Paper Copy of Report Card

Guardian Number: **1**
Name: PARENT TEST
Relationship:
Employer:
Home Email:

Primary Phone: Ext:
 Confidential
 Ext:
 Ext:

(*) Indicates a required field.

2023 - 2024 Student Info Update

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STEPS 1A, B, C, D, AND E: VERIFYING STUDENT INFORMATION

STEP 1D - EMERGENCY INFORMATION

1. Review and make changes to Emergency Information

- For Physician and Dentist names, enter their **LAST NAME** first. Do not start with “Doctor.”
- Select appropriate health care provider from the drop down menu or enter a new name.

2. Click on “Complete Step 1d and move to Step 1e” to finish this step.

STUDENT5 (Summer School 2023-2024) Undo

Step 1d. Verify Student Information: Emergency Information (Required)

Step 1a: Click on the “?” icon for Student Publication definitions. Scroll to the bottom of the page to review or update.

Step 1b: Address Changes: Provide address verification to the District Registrar’s office or to your child’s school.

Step 1c: Update as necessary.

Step 1d: For Physician and Dentist names, enter their LAST NAME first.

Step 1e: Emergency Contacts: Provide up to 3 local emergency contacts. These contacts will be called if legal guardians are not available.

Last Name, First

Physician:

Dentist:

Hospital:

Complete Step 1d and move to Step 1e

2023 - 2024 Student Info Update

1. Verify Student Information
 - ✓ a. Student Information
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21. Complete Student Info Update

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Close and Finish Later

STEPS IA, B, C, D, AND E: VERIFYING STUDENT INFORMATION

STEP 1E - EMERGENCY CONTACTS

I. Review the Emergency Contacts.

Note: Emergency contacts who have Skyward accounts must update their own phone numbers, which will in turn update your child's emergency contacts.

Four types of changes can be made to Emergency Contacts:

- **Edit phone number and relationship.**
- **Add a contact.** (if less than three contacts currently exist)
 - Click on “Add Emergency Contact” button and follow prompts.
 - Only three emergency contacts can exist in the system. If three contacts are present, one must be deleted before a new one is added.
- **Delete a contact** - Use the “Delete this Emergency Contact” link and follow prompts.
- **Change order.** Click on the “Change Emergency Contact Order” button and follow prompts.

2. Click on “Complete Step 1e and move to Step 2” to finish this step.

STUDENT5 (Summer School 2023-2024)

Step 1e. Verify Student Information: Emergency Contacts (Required) Undo 2023 - 2024 Student Info Update

Step 1a: Click on the “?” icon for Student Publication definitions. Scroll to the bottom of the page to review or update.

Step 1b: Address Changes: Provide address verification to the District Registrar's office or to your child's school.

Step 1c: Update as necessary.

Step 1d: For Physician and Dentist names, enter their LAST NAME first.

Step 1e: Emergency Contacts: Provide up to 3 local emergency contacts. These contacts will be called if legal guardians are not available.

1. Verify Student Information

- ✓ a. Student Information
- ✓ b. Family Address
- ✓ c. Family Information
- ✓ d. Emergency Information
- e. Emergency Contacts**

2. Student/Family Residence Questionnaire

3. Verify Ethnicity/Race

4. Food Service Application

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Previous Step Next Step

Close and Finish Later

Contact Number:

First: Primary Phone: Ext:

Middle: Ext:

Last: Ext:

Relationship: Pick Up:

[Add Emergency Contact](#) [Delete this Emergency Contact](#)

[Complete Step 1e and move to Step 2](#)

STEP 2: STUDENT/FAMILY RESIDENCE QUESTIONNAIRE

1. Please read over and fill out the Student/Family Residence Questionnaire.

2. Fill in the name and date fields to verify the information provided on the right of the form.

3. Click "Complete Step 2 and move to Step 3" to complete this step.

STUDENT/ FAMILY RESIDENCE QUESTIONNAIRE 2025



Your child may be eligible for additional educational services through the Federal McKinney-Vento Homeless Education Act. Eligibility can be determined by completing this questionnaire. This information is used to help connect families and students with resources.

Student Name: Grade: Date of Birth:

None of the situations below describe my family's current situation.
If none of the below apply to your family, please sign the form. You do NOT need to complete the rest of this form.

Parent/guardian/caretaker or self enrolling a student into the La Crosse School District, please mark if any of these apply to your situation:

	Yes
Staying in a shelter (family shelter/domestic violence shelter/RHYMES)	<input type="checkbox"/>
Sharing the housing of others <u>due to loss of housing, economic hardship or similar reason</u>	<input type="checkbox"/>
Living in a public or private place that is not meant for sleeping (ex: car, park, abandoned building, bus station)	<input type="checkbox"/>
In a hotel, motel or campground <u>due to financial hardship</u>	<input type="checkbox"/>
Living alone as a minor student(s) without a parent or guardian (unaccompanied minor)	<input type="checkbox"/>
Transitional housing program (i.e CouleeCap) If YES, which one? <input type="text"/>	<input type="checkbox"/>

School the Student Last Attended (school of origin)	Grade	School you are requesting the student attends. (School of origin or the closest school? School of origin may be in another school district.)	Does the student have an IEP?
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Person Enrolling Student	Relationship to Student	Address	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current living situation:

Anticipated length of stay in this location?:

Do we have permission to share homeless status with your child's teacher if needed? Yes No

Do we have permission to share homeless status with the school district where you live? Yes No

Do we have permission to share information (address) with a transportation provider? Yes No

(Under McKinney-Vento, students have the right to remain in their school of origin, even if that is in a neighboring school district. Our district would work with your child's school to arrange transportation.)

Parent/Guardian Signature: Date:

If any answers marked "yes", forward this form to building liaison (SW/Counselor)

[Complete Step 2 and move to Step 3](#)

STEP 3: VERIFY ETHNICITY AND RACE

1. Review the ethnicity/race statement and click “Continue.”

STUDENT5 (Summer School 2023-2024)

Step 3. Verify Ethnicity/Race (Required)

Dear Parent or Guardian:

Every school district is required to report to the Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the education programs and services to which they are entitled.

In the 2009-2010 school year the federal government began using new reporting categories. Your child can identify by ethnic group (either Hispanic/Latino or not Hispanic/Latino) and by one or more racial groups (American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, White).

Beginning in the 2021-2022 school year, additional information on race and tribal affiliation can be provided during the Student Info Update.

2. If needed, make changes to Question 1 and Question 2 by clicking the appropriate check box(es).

3. Click on “Complete Step 3 and move to Step 4” to finish this step.

STUDENT5 (Summer School 2023-2024)

Step 3. Verify Ethnicity/Race (Required)

Racial and Ethnic Categories and Subgroups

Part I: Ethnicity Designation

Is the person Hispanic or Latino?

Hispanic or Latino [If selected go to Question I-A]
 Not Hispanic or Latino [If no, go to Question Part II]

Optional Question I-A: If Hispanic or Latino was chosen above, select all that apply from the list below:

Colombian Ecuadorian Guatemalan
 Mexican Puerto Rican Salvadoran
 Spaniard/Spanish/Spanish-American Decline to indicate
 Unknown Other

Part II: Race Designation

Select one or more of the following categories that apply to this person:

American Indian or Alaska Native [If selected go to question II-A]

Optional Question II-A: If chosen, select ONE that applies from the list below:

Bad River Band Forest County Ho-Chunk
 Lac Courte Oreilles Lac du Flambeau Menominee
 Oneida Nation (Wisconsin) Red Cliff Sokaogon
 St. Croix Stockbridge Brothertown
 Other

Asian [If selected go to question II-B]

Optional Question II-B: If chosen, select all that apply from the list below:

Burmese Chinese Filipino
 Hmong Indian Karen
 Korean Vietnamese
 Decline to indicate Unknown Other

Black or African American [If selected go to question II-C]

Optional Question II-C: If chosen, select all that apply from the list below:

African-American Ethiopian-Oromo Ethiopian-Other
 Liberian Nigerian Somali
 Decline to indicate Unknown
 Other

Native Hawaiian or Other Pacific Islander

White

STEP 4: ADD A FOOD SERVICE APPLICATION

1. Review the Federal Income Chart to determine if your household is eligible for free or reduced price meals.

Note: If your child has already been approved for the 2023-2024 school year, the income table will not appear. Click “Complete Step 4 and move to Step 5”

2. If you qualify and **would** like to apply, click on the “Food Service Application” link and follow the prompts.

- You will only need to apply once for your entire household.
- An application must be completed **every** school year.

If you have **already completed** a Food Service Application (paper or electronic form), click the “Next Step” button in the lower right corner or click Step 4 on the right.

If you **do not** qualify or **do not** wish to apply, select the check box beside “I do not qualify for benefits or do not wish to apply.”

- Select this option if you would like to apply at a later date.
 - The window to apply is open until October 15th.
3. Click “Complete Step 4 and move to Step 5” to complete this step.

Note: If you use the Food Service Application link, it will open in a new window. Student Info Update will remain open. Close the Food Service Application window when completed to return.

Step 4. Food Service Application (Required)

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART
For School Year 2023-24

Household Size	Twice Per Every Two				
	Yearly	Monthly	Month	Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each Additional Person:					
	9,509	793	397	366	183

Choose one of the following options:

[Food Service Application](#)

---OR---

I do not qualify for benefits or do not wish to complete an application

[Complete Step 4 and move to Step 5](#)

STEP 5: FREE AND REDUCED—DISCLOSURE OF BENEFITS



1. Please read over the Disclosure of Meal Benefits Waiver form.

- If you do not qualify for Free and Reduced meals, please check the “I do NOT qualify for Meal Benefits (Free & Reduced)”.

2. If you do qualify for Free and Reduced meals, please check the programs that you would like to share your Free and Reduced status with.

3. Fill in the name and date fields to verify the information provided on the form.

4. Click “Complete Step 5 and move to Step 6” to complete this step.

DISCLOSURE OF MEAL BENEFITS WAIVER (FREE & REDUCED)

School: Summer School-HS Credit Student Name: STUDENTS TEST Grade: 12

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals. **You will be asked to complete this form annually.**

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART For School Year 2022-23

Household Size	Twice Per Every Two Weeks				
	Yearly	Monthly	Month	Weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Each Additional Person:	8,732	728	364	336	168

** If you do not qualify or are unsure if you qualify for Free & Reduced benefits, please check the box below, otherwise complete the Disclosure of Meal Benefits Waiver section.

I do NOT qualify or I am unsure if I qualify for Meal Benefits (Free & Reduced)

Disclosure of Meal Benefits Waiver

Please check the following programs that you would like to share your Free & Reduced status. *If any of the items are not completed, they will default to NO.*

Program	Yes	No
All Grade Levels:		
Band, Orchestra, and Instrument fees	<input type="checkbox"/>	<input type="checkbox"/>
Sport Fees	<input type="checkbox"/>	<input type="checkbox"/>
Food (Bag, Basket, Backpack, Pantry, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Holiday Giving (Thanksgiving, Winter or Spring Break, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Random Acts of Kindness (ONLY if RAK is based on F/R)	<input type="checkbox"/>	<input type="checkbox"/>
Transportation/Busing	<input type="checkbox"/>	<input type="checkbox"/>
Fees to Purchase Text Books	<input type="checkbox"/>	<input type="checkbox"/>
High School Grades Only:		
College Admissions/Application Fees	<input type="checkbox"/>	<input type="checkbox"/>
NCAA (National Collegiate Athletic Association)	<input type="checkbox"/>	<input type="checkbox"/>
Parchment Transcript Fee Waiver (Transcript Request Program)	<input type="checkbox"/>	<input type="checkbox"/>
PSAT (Preliminary Scholastic Aptitude Test)	<input type="checkbox"/>	<input type="checkbox"/>
SAT (Scholastic Aptitude Test)	<input type="checkbox"/>	<input type="checkbox"/>
College Dual Credit Course Fees	<input type="checkbox"/>	<input type="checkbox"/>
ACT Fees (Retakes)	<input type="checkbox"/>	<input type="checkbox"/>
MARC Pre-College Scholarship Application Fees	<input type="checkbox"/>	<input type="checkbox"/>
Accuplacer Fees	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Signature: _____ Date: _____

Per DPI and Federal Guidelines, your Free & Reduced information does not require parental consent to be shared with programs such as the National School Lunch Act or Child Nutrition Act, Federal education programs, state education programs or Federal/State or local means tested nutrition programs with eligibility standards comparable to the National School Lunch Program (NSLP).

*For questions call the School Nutrition Office at 608-789-7625.

Complete Step 5 and move to Step 6

STEP 6: STUDENT ACCIDENT INSURANCE

STUDENT ACCIDENT INSURANCE



1. Read over the letter about Student Accident Insurance.

- If you are **interested**, select the check box beside "I will purchase the optional student accident insurance policy from Student Assurance Services, Inc."
- If you are **not interested**, select the check box beside "I will NOT purchase the optional student accident insurance policy and am declining coverage for my child."

2. Click "Complete Step 6 and move to Step 7" to complete this step.

Dear Parents:

There is an accident insurance policy available from Student Assurance Services, Inc. that you may purchase to provide coverage for your child/ren. The School District of La Crosse does not provide any health or accident insurance for injuries incurred by your child/ren while at school or participating in co-curricular activities.

We encourage you to review your present health and accident insurance program to determine if your coverage is adequate. If you do not feel your insurance is adequate because of a deductible or co-insurance clause, or if you do not have insurance, we encourage you to review the student insurance program. Please note, this plan will provide benefits for medical expenses incurred because of an accident. It does not offer coverage for illnesses. **If you have other insurance, these benefits will be coordinated with your deductible and/or co-pays.** This insurance may be purchased at any time during the school year (after August 1).

An explanation of the cost and benefits is explained in the brochure that is available on the District website at www.lacrosseschools.org under the Parents tab. Copies of the brochure are also available in the main office at all schools and the Welcome Center at Hogan Administrative Center.

To purchase this optional coverage:

1. Complete a separate enrollment form for each child. Please print clearly.
2. Enclose a check or money order made payable to Student Assurance Services, Inc. Print your child's name on the memo line of the check. If paying by credit card, complete the credit payment form and enclose it in the envelope.
3. Send the enrollment form and payment to: Student Assurance Services, Inc., PO Box 196, Stillwater, MN 55082-0196. Coverage will become effective at 12:01 a.m. following the date the envelope containing the enrollment form and premium is postmarked by the U.S. Post Office but not prior to August 1. **DO NOT SEND YOUR ENVELOPE BACK TO THE SCHOOL.**
4. Retain the summary of coverage.

I have been offered an optional student accident insurance policy from Student Assurance Services, Inc.
(Check one below)

- I will purchase the optional student accident insurance policy from Student Assurance Services, Inc.
- I will NOT purchase the optional student accident insurance policy and am declining coverage for my child

All questions regarding the coverage should be directed to Student Assurance Services, Inc. 651-439-7098 or toll free 800-328-2739.

Thank you,

Davita Molling
Supervisor of Finance

This program is underwritten by Ameritas Life Insurance Corp. located in Lincoln, Nebraska and administered by Student Assurance Services, Inc. of Stillwater, Minnesota.

Complete Step 6 and move to Step 7

STEP 7: HEALTH FORM

1. Review the Current Alert Info. An Empty Current Alert Info box means that your child has no known health concerns for school.

• If there are no changes to your child's health record, click on the check box beside "NO CHANGES for my child's health record."

• If there are additions or changes, enter the information in the Additions or Changes section.

2. Fill in the name, relationship, and date fields to verify the information provided on the health form.

3. Click "Complete Step 7 and move to Step 8" to finish this step.

SCHOOL DISTRICT OF LA CROSSE ANNUAL STUDENT HEALTH INFORMATION UPDATE 2024



STUDENT NAME: STUDENTS TEST	DATE OF BIRTH: 01/01/2006
SCHOOL: Summer School-HS Credit	GRADE: 12

Dear Parent/Guardian:

Please review the information in the "Current Alert Info" box below. This is the information we have on record to share with school staff for your child's health and safety at school. An empty "Current Alert Info" box means that your child has no known health concerns for school. If this is correct, please check "NO CHANGES" and sign below.

Current Alert Info:

2017 ADHD, anxiety

NO CHANGES for my child's health records.

If it is necessary to update the information, please check any health conditions that require attention during the school day or at co-curricular activities.

Additions or Changes: (Check those that apply)

ADD/ADHD Will your child need medication at school?

ALLERGIES (Be specific) My child has an EpiPen?

Foods	Reaction
Bee Sting or Insect Bites	Reaction
Medicines	Reaction
Environmental/Seasonal	Reaction
Other	Reaction

ASTHMA Will your child need an inhaler at school?

CARDIAC (HEART) CONDITION Restrictions *Requires physician note

DIABETES Insulin Pump Insulin Injections Glucagon

SEIZURE CONDITION Include Type

Emergency Medication

OTHER HEALTH CONDITION (Please list)

MEDICATION:

- The school does not supply medication.
- All medication given at school requires a School Medication/Procedure Form, available at our website, www.lacrosseschools.org, or at your local health care practitioner's office.
- Over-the-counter (OTC) Medication: A School Medication/Procedure Form must be signed and dated by a parent/guardian. A health care practitioner's signature is only required if the dose exceeds the recommended label directions.
- Prescription Medication (including inhaler/EpiPen carried by your child): A School Medication/Procedure Form must be signed and dated by a parent/guardian and a health care practitioner.

My signature gives permission to share this health information with school staff and district transportation providers, and La Crosse Promise Future Center Advisors working with my child. This information will be used, if necessary, for safety at school, on field trips, and other school activities.

Parent/Guardian Signature:

Relationship:

Date:

Complete Step 7 and move to Step 8

STEP 8: LA CROSSE PUBLIC EDUCATION FOUNDATION/LA CROSSE PROMISE

1. Review the La Crosse Public Education Foundation and La Crosse Promise Future Center information.

LA CROSSE PUBLIC EDUCATION FOUNDATION AND LA CROSSE PROMISE

PARENT EMAIL RELEASE FORM



2. If you do not wish to receive emails from either the La Crosse Public Education Foundation and/or La Crosse Promise, click on the appropriate checkbox next to “No, I do not want my email shared with the La Crosse Public Education Foundation” and/or “No I do not want my email shared with the La Crosse Promise.”

The School District of La Crosse gets important support from many community organizations, in particular the La Crosse Public Education Foundation (LPEF) and the La Crosse Promise.

These two critical nonprofit organizations would like permission to send you an occasional email newsletter or other updates on how they are helping our schools and community. **Your parent email will be shared with them unless indicated below.**

LPEF provides grants to teachers and others to support innovation and enhance educational opportunities for all students in the District. In addition, LPEF provides Random Acts of Kindness accounts at each school to address needs of individual students, plus provides other financial support for District programs. Learn more at: LaCrosseEducationFoundation.org.

No, I do not want my email shared with the La Crosse Public Education Foundation.

La Crosse Promise Future Centers serve all high school students in the District by providing career and post-secondary education advising. The Promise also has a neighborhood program that provides up to \$50,000 in college scholarships to families who build, buy a new home or renovate a home in select city neighborhoods. Find out more at lacrossepromise.org.

No, I do not want my email shared with the La Crosse Promise.

3. Click “Complete Step 8 and move to Step 9” to finish this step.

Complete Step 8 and move to Step 9

STEP 9: CODES OF RIGHTS AND RESPONSIBILITIES

1. Click on the “View Full Screen”. Review the Student Code of Rights and Responsibilities document.

Note: All students have the right to have access to all the rules, rights and responsibilities to which the student is subject, Student Code of Rights and Responsibilities. It is important that parents and students are aware of this document’s content.

2. Fill in the name and date fields at the bottom to give your permission and acknowledge that you have read the information.

3. Click “Complete Step 9 and move to Step 10” to finish this step.

SCHOOL DISTRICT OF LA CROSSE

Code of Rights and Responsibilities
2023-2024
For Students, Parents/Guardians and Staff

Table of Contents

- Introduction Page 2
- Statement of Discipline Philosophy Page 3
- Shared Rights and Responsibilities Page 5
- Positive School Cultures Page 7
- Key District Policies, Rights, and Responsibilities Page 8
- Standards of Student Behavior and Staff Responses Page 18

DISTRICT CODE OF RIGHTS & RESPONSIBILITIES

The Board of Education has adopted the Student Code of Rights and Responsibilities which has been made available through Skyward Family Access or at the following link: <https://www.lacrosseschools.org/student-code-of-rights-responsibilities/> If you are unable to access the Internet, you may pick up a copy of the Student Code of Rights and Responsibilities at your child's school, or in the District Registrars Office located in the Hogan Administrative Building (807 East Avenue South, Room 112). Your child will be expected to comply with the standards set forth in this conduct code. Therefore, it is necessary that you and your child read and discuss the code thoroughly and carefully so that you are aware of the standard of conduct expected of all students in the School District of La Crosse.

I have read the Student Code of Rights and Responsibilities with my child. I understand all students are expected to behave in a manner consistent with the standards described.

Parent Signature:

Date:


[Complete Step 9 and move to Step 10](#)

STEP 10: ATHLETICS REGISTRATION (OPTIONAL)

Note: This step is only available for Middle and High School Students. It can be completed at any time in your Skyward Family Access under Online Forms. This is replacing the previous athletic registration process. Yearly registration must be completed before your child will be allowed to participate.

1. If you need to register your child for athletics, complete this form, including the selections of sports/activities, medical information and authorizations.
2. If you do not need to register at this time, click the 'I do not wish to fill out this optional form' along the top and then go to the next step.
3. Click "Complete Step 10 and move to Step 11" to finish this step.

School District of La Crosse Student Athletic Registration Form 2025



Student Name: STUDENT1 TEST Date of Birth: 01/01/2010 Grade: 10
Gender: Male

Any recent changes made to family information, such as address, phone number, email, etc., is pending approval and may not yet be reflected in the information below.

Please check the box below if you attend one of these schools:
 CRVA Polytechnic Homeschool

Parents and Student/Athletes are encouraged to complete this process together.

Step One: Read the Handouts below from the WIAA regarding Eligibility and Sportsmanship, the ImPACT Baseline Testing Consent Form (High School only), and the handouts about concussions (these links are below). There is a separate handout for student/athletes and parents. **DO NOT** print these forms! Just read them and complete this form. By completing this form, you will consent to the guidelines and expectations in each one of these handouts.

[WIAA Eligibility \(HS Only\)](#)
[Student Athlete Concussion and Heart Health Info \(DPI Link\)](#)
[Parent Concussion Info](#)
[WIAA Parental Guide to Sportsmanship](#)
[ImPACT Baseline Testing Consent Form](#)

Step Two: Once this form is completed, please be sure to click the "Complete Step 1 and move to Step 2" button and click the "Submit Athletic Registration" button to complete your registration.

Step Three: Submit your signed Physical Form. This can be emailed or turned into your school's athletic director.

Activity - Please select the sports your child will be doing for each season. Specific grade levels are indicated for the Middle School activities and High School activities are indicated by 'HS'. If they are not in a sport for a certain season, please select "None":

Fall	<input type="text"/>
Winter	<input type="text"/>
Spring	<input type="text"/>
Other	<input type="text"/>

Parent/Guardian 1 Information

Name: PARENT TEST
Primary Phone:
Secondary Phone:
Address: 807 EAST AV SOUTH LA CROSSE WI 54601
Email: shoskins@lacrossesd.org

Parent/Guardian 2 Information

Name:
Primary Phone:
Secondary Phone:
Address:
Email:

PHYSICAL INFORMATION

Physicals need to be dated April 1st, 2023 or later in order to be good for the 2024/25 school year. Send the physical form via email to the following before the first day of practice:

Central High School: Mark Ambrose - mambrose@lacrossesd.org and Gabby Roberson - groberson@lacrossesd.org
Logan High School: Tony Servais - tservais@lacrossesd.org and Katie Leaver - kleaver@lacrossesd.org
Longfellow Middle School: Teresa Eliason - teliason@lacrossesd.org and Tami Clark - tclark@lacrossesd.org
Logan Middle School: Trisha Bekkum - tbekcum@lacrossesd.org and Sam Parkhurst - sparkhur@lacrossesd.org

Emergency Contact 1

Name: PARENT TEST
Relationship:
Primary Phone:
Address:
Email:

STEP 11: DENTAL SEALANTS

1. Please read the Dental Sealants letter from the School District of La Crosse Nursing Staff.

2. If you would like your child to participate in the Dental Sealant program, please check “yes” and if you wish to not participate, please check “no”.

A. If yes, click on the link which will take you to the county registration form.

Note: Clicking the link will open a new window. The Student Info Update will remain open. When registration is complete, close the registration window to return.

3. Fill in the name and date fields to give your permission and acknowledge that you have read the information.

4. Click “Complete Step 11 and move to Step 12” to finish this step.

DENTAL SEALANTS 2025

SCHOOL DISTRICT OF
LA CROSSE
Dream • Believe • Achieve



Hello Families,

The La Crosse County Seal-A-Smile program will be offering dental care services during the school day at the following schools. Dates may be subject to change.

Dates	School	Grades
September 9 - 18 and March 12 - 13	Logan Middle	6 - 8
September 24 - 26 and March 5	State Road	2 - 5
September 30 - October 9 and April 8 - 9	Hintgen	K - 5
October 21 - 25 and March 20	Summit	2 - 5
October 28 - November 6 and May 6 - 7	Hamilton/SOTA	K - 5
November 18 - 26 and March 26	Northside/CM	K - 5
December 2 - 6 and March 26	Spence	2 - 5
December 9 - 13 and March 27	Southern Bluffs	2 - 5
December 17 - 19 and April 2	Polytechnic	6 - 12
January 6 - 16 and April 23 - 24	Longfellow	6 - 8
January 21 - 24 and April 3	Emerson	2 - 5
January 27 - 31 and April 30 - May 1	Logan High	9 - 12
February 3 - 7 and May 14	North Woods	2 - 5
February 17 - 21 and May 15	Central High	9 - 12

If you have a child that is in CRVA or is not able to make it to one of the scheduled dates above, services will also be provided at the following Back to School Fairs:

Dates	Sites
July 9	Erickson Boys and Girls Club
August 6	La Crosse Center
August 7	La Crosse Center
August 20	Mathy Boys and Girls Club

- Services are provided by a Registered Dental Hygienist and include a basic screening, cleaning if needed, dental sealants, and fluoride varnish treatments.
- Sealants and cleanings will be provided once per school year.
- Fluoride varnish will be provided twice per school year at least 3 months apart.
- There is no cost to participate in the program.
- This takes about 10-20 minutes depending on how many sealants your child needs.
- Wondering what a dental sealant is? [Click here to watch a video](#)

Would you like your child to participate in this program?

Yes - sign up online by going to <https://sealasmile.wisconsin.gov/Consent/Home/About>.

*If you follow this link, you WILL be able to come back to this page. You may sign up all eligible children at this time. If you do this, please make sure to still complete this form for each child.

No

Thank you for your consideration.

Sincerely,
Your School District of La Crosse School Nurses

Parent/Guardian Signature:

Date:

[Complete Step 11 and move to Step 12](#)

STEP 13: TECHNOLOGY FORMS

Expectations and Acceptable Use Handbook

1. Review the Expectations and Acceptable Use Handbook by clicking the link. Select “Acknowledge” from the drop down.

Note: Clicking the link will open a new window. The Student Info Update will remain open. When registration is complete, close the registration window to return.

Please click the link below to review the School District of La Crosse Student Expectations and Acceptable Use Handbook.

[School District of La Crosse Student Expectations and Acceptable Use Handbook](#)

I have read and reviewed this handbook with my student and acknowledge the guidelines set forth in the Student Expectations and Acceptable Use Handbook.

2. Review the Notice and Expectations for Participation in 2-way Video Conferencing . Select “Acknowledge” from the drop down.

Notice and Expectations for Participation in 2-way Video Conferencing

The School District of La Crosse provides 2-way video conferencing access within Google Meet. This involves video conferencing between school staff and individual students, or small groups of five or less students. This resource is used solely for the purpose of supporting the instructional needs of the students invited. During any use of 2-way video learning platforms there are expectations of behavior that must be followed in order to maintain the safety and respect of those participating.

Below is a list of School District of La Crosse expectations for students when participating in 2-way video learning. Student Expectations and Guidelines for Participation

1. Inappropriate use/behavior of 2-way video conferencing will be handled according to the district's Discipline and Acceptable Use policies.
2. Share the times that video conferencing will occur with those in your household.
3. Parents/Guardians should be mindful of what family activities would be potentially seen or heard during the students' use of video conferencing. This is a great tool to keep students and teachers connected, but please have your students use these tools somewhere near enough you can monitor, yet private enough to concentrate on their work.
4. Please attempt to keep all background noise and distractions to a minimum. If you are in a location where you cannot avoid background noise mute your device and feel free to listen in.
5. Attempt to select an area in your home with enough space for necessary items - books, notebooks, computers, etc.
6. Teachers will have guidelines for how to ask your questions during this time. Follow those directions.
7. Do not share your screen unless directed to by your teacher. When using video, sit where the device remains stable (on a table or desk) and the camera is directed on the face.
8. School appropriate dress is required during participation at all times.
9. Polite and professional language shall be used at all times.
10. Speak in a controlled and clear manner so everyone can hear. Try not to talk over others. It's tricky in a digital environment.
11. Promptly exit the meeting when the meeting time is over. Your instructor will be the first one on and the last one out of the meeting.
12. Only accept invitations for meetings from school staff, and do not create your own meetings.
13. Give your best effort online as you would in the classroom.
14. You do not need to put your camera on if you do not want to do so.
15. Prior to recording any conference, all participants must be notified.

3. Review the iPad/Laptop Self Insurance Form. If you accept the district insurance, please check the “Yes, I opt to select the district’s self insurance.” If you wish to pay in cash or check, please bring that to your child’s school. If you would like to decline the district insurance please check the “No, I opt out of the district self-insurance.”

iPad/Laptop Self Insurance Form

Insurance is valid for a period of a year:

- Northside Elementary - July 1st - June 30th
- All other schools (including CRVA) - August 1st - July 31st

YES, I opt to select the district's self-insurance:
iPad Insurance - \$20.00 (Grades K-8)
Laptop Insurance - \$30.00 (Grades 9-12)

This must be paid by October 1st to be in effect. If past that date, it is assumed the parent/guardian does not want the insurance and all repairs will be the responsibility of the parents/guardians. The parent/guardian has reviewed and signed the handbooks and policies related to the use of technology in the district. If a student enrolls during the school year, families have 30 days from enrollment to pay insurance.

** Payment options include Cash, Check or Skyward Online Fee Management.
* Skyward Online Fee Management is available through Skyward Family Access
* Cash or checks can be sent to your child's school. Checks can be made payable to your school.

NO, I opt out of the district's self-insurance. As such, I know I will pay for any repair costs or for total loss of the device (\$300 iPad/\$800 Laptop) if the device is damaged, lost, or stolen. I have acknowledged the handbooks related to use of technology in the district.

Voluntary iPad/Laptop Insurance (additional information found in Building Student Handbook and at time of hand-out):

- Student must notify the building principal or associate principal immediately if iPad/Laptop is damaged, lost or stolen. Or, if notifying a teacher, ask that the teacher notify the principal immediately.
- Voluntary insurance covers accidental damage to the iPad/Laptop; each device component will be replaced one time (e.g. cracked screen, audio port damaged, etc.). Subsequent breakage of the same item is the responsibility of the Parent/Guardian. Repairs/loss due to negligence are not covered by insurance. The following are only examples of accidental or negligent damage. See Building Student Handbook for additional examples.
- Accidental damage includes walking down the hall with the device in the student's arms and someone bumps into the student and the iPad/Laptop is dropped; student has iPad/Laptop in backpack and someone grabs the backpack and tosses it down the hall.
- Negligent damage includes liquid in iPad/Laptop of any amount; iPads/Laptops in backpacks or cases that are thrown down or sat on by the student; iPads on floor in traffic areas resulting in being stepped on by students or others; iPads left unsecured in areas such as lockers or cars. Items placed between keyboard and cover resulting in screen breakage or hinge damage; grabbing the laptop by the screen with fingers instead of picking up laptop from the bottom near the track pad.
- Device accessories (cases, power supplies, power brick, power cord, Logitech Crayon or electrical connectors (duckheads) are not covered by voluntary self-insurance.
- Lost or stolen devices are not covered by insurance.
- Failure to return any iPad/Laptop upon leaving the district or when requested will be considered theft of public property and may result in being sent to collections.
- Link to Insurance Information document

Parent/Guardian Signature: Date Signed:

[Complete Step 13 and move to Step 14](#)

4. Fill in the name and date fields to acknowledge that you have read the information.

4. Click “Complete Step 13 and move to Step 14” to finish this step.

STEP 15: ANNUAL CONSENT TO TREATMENT OF STUDENT AND ANNUAL WALKING FIELD TRIP

1. Fill in the doctor and hospital fields at the top of the form.
2. Read both sections regarding emergency medical treatment of your child during field trips and permission for walking field trips.
3. Fill in the name and date fields (in both sections) to give your permission and acknowledge that you have read the information.
4. Click "Complete Step 13 and move to Step 14" to finish this step.

ANNUAL AUTHORIZATION TO CONSENT TO TREATMENT OF STUDENT/ ANNUAL WALKING FIELD TRIP PERMISSION



ANNUAL AUTHORIZATION TO CONSENT TO TREATMENT OF STUDENT/ANNUAL WALKING FIELD TRIP PERMISSION
SCHOOL YEAR: 2023 - 2024

STUDENT NAME: STUDENTS TEST	GRADE: 12	PRIMARY PHONE:
ADDRESS: 807 EAST AV SOUTH LA CROSSE WI 54601	PHONE #2:	PHONE #3:
FAMILY DOCTOR:	HOSPITAL:	

(We), the undersigned Parent/Guardian of the above mentioned student minor do hereby authorize the staff member of the School District of La Crosse supervising the activity concerned, including but not limited to daily activities, walking, and long distance field trips, and extended travel, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon on the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

Also, the authorized school district staff has the authority to call for emergency medical transportation or provide transportation himself/herself, for the benefit of the involved student, as the staff person deems necessary.

Every effort will be made to contact parents or guardians to explain the nature of the problem prior to any involved treatment.

This authorization shall remain effective until the end of the school year.

<input type="text"/>	<input type="text"/>
Signature of Parent/Guardian	Date Signed

ANNUAL WALKING FIELD TRIP PERMISSION/CONSENT TO TREAT

I hereby give permission for my child to go on field trips within walking distance from my child's school for the entire school year. I understand that if I have any special concerns regarding my child participating in field trips I should convey such requests in writing to the supervising teacher. If possible, such special requests will be honored. It is understood that my child will abide by the instructions given by the supervising teacher.

<input type="text"/>	<input type="text"/>
Signature of Parent/Guardian	Date Signed

Complete Step 15 and move to Step 16

STEP 14: MAKE AN ONLINE PAYMENT (OPTIONAL)

1. If you'd like to add funds to your child's Food Service account or submit payment for Device Insurance, click on the "Make an Online Payment" link and follow the prompts.

2. If you do not wish to make a Food Service or Device Insurance payment at this time, click the "Next Step" button in the lower right corner or click on Step 15 on the right.

Note: A green check mark will not display for Step 14. This will not prohibit you from submitting your information.

3. Click "Complete Step 14 and move to Step 15" to finish this step.

STUDENT1 (Summer School 2023-2024)

Step 14. Make an Online Payment (Optional)

For your convenience, you may make an online payment for your Device Insurance as well as a Food Service Payment at this time.

If you do not wish to make a Device Insurance or Food Service payment at this time, click the "Next Step" button in the lower right corner or click on Step 15 on the right. A green check mark will not display for Step 14. This will not prohibit you from submitting your information.

You may make online payments anytime through Family Access.

[Make an Online Payment](#)

[Complete Step 14 and move to Step 15](#)

- 2023 - 2024 Student Info Update
- 1. Verify Student Information
 - ✓ a. Student Information
 - ✓ b. Family Address
 - ✓ c. Family Information
 - ✓ d. Emergency Information
 - e. Emergency Contacts
- 2. Student/Family Residence Questionnaire
 - ✓ Completed 06/23/2023 9:10am
- 3. Verify Ethnicity/Race
 - ✓ Completed 06/23/2023 9:34am
- 4. Food Service Application
 - ✓ Completed 06/23/2023 9:47am
- 5. Free & Reduced - Disclosure of Benefits
 - ✓ Completed 06/23/2023 9:52am
- 6. Student Accident Insurance
 - ✓ Completed 06/23/2023 10:00am
- 7. Health Forms
 - ✓ Completed 06/23/2023 10:16am
- 8. LaCrosse Public Education Foundation/La Crosse Promise
 - ✓ Completed 06/23/2023 10:47am
- 9. Code of Rights and Responsibilities
 - ✓ Completed 06/23/2023 10:54am
- 10. Athletics Registration
 - ✓ Completed 06/23/2023 11:00am
- 11. Dental Sealants
 - ✓ Completed 06/23/2023 11:08am
- 12. Transcript Release Form
 - ✓ Completed 06/23/2023 11:16am
- 13. Technology Forms
 - ✓ Completed 06/23/2023 11:35am
- 14. Make an Online Payment**
- 15. Annual Consent to Treatment of Student and Annual Walking Field Trip
- 16. Census Form
- 17. Migrant Eligibility Form
- 18. Mental Health Screening Consent
- 19. Signature Page
- 20. Summary Page
- 21. Complete Student Info Update

[Previous Step](#) [Next Step](#)

STEP 17: MIGRANT ELIGIBILITY

1. Read the statement on the Migrant Eligibility Form and complete the follow up questions.

2. Fill in the name and date fields to acknowledge that you have read the information.

3. Click “Complete Step 15 and move to Step 16” to finish this step.

SCHOOL DISTRICT OF LA CROSSE MIGRANT ELIGIBILITY FORM 2024



STUDENT NAME: DATE OF BIRTH: GRADE:

Questions for Enrollment to Determine Potential Migrant Eligibility

Please answer the following questions to determine if your child may qualify for supplemental education and support services through the Migrant Education Program. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is strictly confidential.

Si usted desea recibir esta información en español, por favor contáctese (608)789-7756 registrar@lacrossesd.org.

Yog koj xav tau cov ntaub ntauv no txhais ua lus Hmoob, thov tiv tauj tus xov tooj (608) 789-7756 los yog sau ntauv rau tus email registrar@lacrossesd.org.

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
- Flora culture/gladiola farm
- Aquaculture/fish hatcheries
- Green house or plant nursery

Parent/Guardian Signature: Date:

Complete Step 15 and move to Step 16

STEP 18: MENTAL HEALTH SCREENING—OPT OUT FORM



Dear Parents/Guardians:

The physical and mental health of young people plays a key role in their ability to succeed in school. The School District of La Crosse is committed to working with you, not only in the academic education of your child, but also to ensure that students reach their full potential outside of the classroom.

It is in this spirit that we are now supporting a student mental health screening at your child's school. The Strengths and Difficulties Questionnaire (SDQ) is a validated tool to identify potential mental health concerns with students. The screening program is free, voluntary, and confidential and will be administered during the school year.

It is our hope that the screening will reassure you that your child is developing as expected or just experiencing typical "growing pains." However, the SDQ may identify a concern in the early stages, offering us and you the ability to secure additional assistance for your child, if you so desire.

Your student will participate in the screening during a non-academic period. Participation is voluntary for students and families and all screening results will be kept confidential and stored separately from academic records. There are four steps to the screening procedure:

Step 1: All students will complete a 15-minute, computer-based survey questionnaire answering questions about emotions, behaviors, attention concerns, relationships and pro-social behaviors.

Step 2: All students will be able to schedule a time to meet with their school counselor to answer any questions they may have about the screening.

Step 3: School staff will analyze the survey data and develop plans to address school-wide, classroom, and student level concerns.

Step 4: For any students whose answers reveal elevated risk, school staff will contact those students and parents/guardians to discuss those concerns and determine if additional support or mental health services are needed.

The School District of La Crosse provides the screening at no cost, but does not provide further individualized evaluation or treatment services based on this information. If formal treatment services are needed, it is up to you to decide if you want to obtain any additional services for your child. Student services staff can be available to help parents and guardians navigate options upon request. Should you prefer to opt your child out of the screening process, please indicate so by completing the Mental Health Screening Opt Out form attached.

Your child will automatically participate in the Strengths and Difficulties Questionnaire. If you wish to opt your child out of completing the Strengths and Difficulties Questionnaire, please select the appropriate option below:

I have read and understand the description of the Mental Health Screening Tool offered at my child's school.

Opt Out- I do not want my child to participate in the Strength and Difficulties Questionnaire

Student Name (Print): SH

Parent/Legal Guardian's Signature: SH

Date: 04/17/2024

Complete Step 16 and move to Step 17

1. Read the letter for Mental Health Screening Consent.

2. If you would not like your child to participate in the Mental Health Screening, please click the "Opt Out" box. Leaving this box unchecked means your child automatically participates in the Strengths and Difficulties Questionnaire.

3. Fill in the name, student name, signature, and date fields.

4. Click "Complete Step 16 and move to Step 17" to finish this step.

STEP 19: SIGNATURE PAGE

1. Read the statement on the signature page.

ELECTRONIC SIGNATURE PAGE



2. To verify that the student information has been reviewed and is up-to-date, enter your name and date to act as an electronic signature.

I have agreed to submit this application by electronic means.

By entering my name in the signature below, I verify my answers are correct and complete to the best of my knowledge. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Please type your name, relationship to student, and date below.

<input type="text"/>	<input type="text"/>	<input type="text"/>
ELECTRONICALLY SIGNED BY	RELATIONSHIP TO STUDENT	DATE

Complete Step 17 and move to Step 18

3. Click “Complete Step 17 and move to Step 18” to finish this step.

STEP 20: SUMMARY PAGE

1. Review the Student Info Update Recap.

Note: On the next screen you will have a chance to review the completion status for each step. Double check that all required steps have a **green check mark** next to them.

2. Click “Complete Step 18 and move to Step 19” to finish this step.

2023-2024 Student Info Update Recap

REMINDER:

- On the next screen you will have a chance to review each steps completion status. Double check that all **required** steps have a **green check mark** next to them.
- Once you are finished reviewing all steps, click the **"Submit Student Info Update"** button in order to complete the 2023-2024 Student Info Update.

OTHER INFORMATION:

- If you changed your address, you will need to bring in proof of your new address to either your child's school or the District Registrar Office. You may also email the information to the Registrar's office at registrar@lacrossesd.org.
- Don't forget to check your child's school website, under school documents, for your online summer mailing.
- If your child is involved in athletics at the middle or high school level, the sports physical forms can be found at <https://www.lacrosseschools.org/programs-services/school-health-services/health-forms/>.

Helpful Links for the School Year

- YMCA School Age Care (K-5)
 - Available at the Elementary level
 - Before and after school care at these La Crosse locations: Emerson, Northside, Spence, Hintgen, North Woods, Southern Bluffs, State Road and Summit
 - Contact the YMCA for more information or to check for availability for the school year - 608-782-9622
 - <https://www.laxymca.org/school-year-care/>
- Boys and Girls Club of Greater La Crosse
 - Available to grades K-12
 - After school care available at these La Crosse locations: Amie L. Mathy Center, Terry Erickson Club, Hamilton, Schuh/Mullen Homes Club, Northside, and Huber Homes Club
 - Contact the Boys and Girls Club for more information - 608-782-3926
 - <http://www.bgclax.org/>
- La Crosse MTU Information
 - <https://www.cityoflacrosse.org/mtu>

To finish the Student Info Update, click the "Submit Student Info Update" button on the next screen!

Complete Step 18 and move to Step 19

STEP 21: COMPLETE STUDENT INFO UPDATE

1. Check the “Completed, Not Completed, or Skipped” status for each step listed in the center area.

Note: Required steps that need to be reviewed will show as “not completed.” Steps showing as skipped are optional and do not need to be completed to submit the Student Info Update.

2. For any “Not Completed” steps:

- Click on the appropriate step from the list on the right.
- Verify or update the information in that step and click the “Complete and Move to the Next Step” button.
- Return to the Complete Student Info Update step using the link on the right.

3. Click “Submit Student Info Update” to finish.

Note: The “Submit Student Info Update” button will not be available to click if all required steps have not been completed.

Step 21. Complete Student Info Update (Required)

By completing Student Info Update, you are confirming that the Steps below have been finished. Are you sure you want to complete Student Info Update for STUDENT5?

Review Student Info Update Steps

Step 1) Verify Student Information	Completed 06/23/2023 2:30pm
<i>No Requested Changes exist for Step 1.</i>	
Step 2) Student/Family Residence Questionnaire	Completed 06/23/2023 9:10am
Step 3) Verify Ethnicity/Race	Completed 06/23/2023 9:34am
<i>No Requested Changes exist for Step 3.</i>	
Step 4) Food Service Application	Completed 06/23/2023 9:47am
Step 5) Free & Reduced - Disclosure of Benefits	Completed 06/23/2023 9:52am
Step 6) Student Accident Insurance	Completed 06/23/2023 10:00am
Step 7) Health Forms	Completed 06/23/2023 10:16am
Step 8) LaCrosse Public Education Foundation/La Crosse Promise	Completed 06/23/2023 10:47am
Step 9) Code of Rights and Responsibilities	Completed 06/23/2023 10:54am
Step 10) Athletics Registration	Completed 06/23/2023 11:00am
Step 11) Dental Sealants	Completed 06/23/2023 11:08am
Step 12) Transcript Release Form	Completed 06/23/2023 11:16am
Step 13) Technology Forms	Completed 06/23/2023 11:35am
Step 14) Make an Online Payment	skipped
Step 15) Annual Consent to Treatment of Student and Annual Walking Field Trip	Completed 06/23/2023 1:29pm
Step 16) Census Form	Completed 06/23/2023 1:44pm
Step 17) Migrant Eligibility Form	Completed 06/23/2023 2:00pm
Step 18) Mental Health Screening Consent	Completed 06/23/2023 2:07pm
Step 19) Signature Page	Completed 06/23/2023 2:26pm
Step 20) Summary Page	Completed 06/23/2023 2:30pm

Guardian Name: PARENT TEST


Guardian Address: 807 EAST AV SOUTH
LA CROSSE, WI 54601

[Submit Student Info Update](#)

CONFIRMATION PAGE

1. If your Student Info Update was successfully completed and submitted, you will see a page like the example BELOW. If you don't get the confirmation page, contact your child's school or the District Registrar's Office.
2. No other action is needed for this child unless there are changes to your child's name, birth information or a change of address. Proof of any of these changes will need to be brought either to your child's school, the District Registrar's Office, or emailed to registrar@lacrossesd.org.
3. **If you have other children in the family**, and would like to complete their update at this time, click on the Student Info Update tab at the left and select your next child. Other children can also be completed at another time.
4. If you are finished in Skyward, click the "Exit" link in the top right corner to log out of your account.

STUDENT5 (Summer School 2023-2024)

 Student Info Update was **successfully completed** and submitted to the district for STUDENT5 on Fri Jun 23, 2023 2:34pm by PARENT TEST.

[Go back to review completed steps](#)

[Mark Student Info Update as not completed and make changes](#)