

Summer School 2019 Registration Form

Please use a separate form for each child.

Choice #1: _____

Choice #2: _____

Choice #3: _____

Summer School Emergency and Media Card

Student: _____ Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

NOT Student

Please indicate preferred phone number

Emergency Contact Person: _____

Other than Parent/Guardian

Name

Phone

Relationship

Student Birth Date: _____ Grade in 2019-2020: _____

Health concerns/medications: _____

I give permission to the summer school staff to include my child in photographs or media presentations displayed in summer school, on the School District of Maple website and all other social media sources, area newspapers, or on television.

Student Signature

Parent/Guardian
Signature

Date

I give permission to the summer school staff to display drawings or written work of my child on the School District of Maple website and all other social media sources, area newspapers, or on television.

Student Signature

Parent/Guardian
Signature

Date

I give my child permission to use the Internet.

Student Signature

Parent/Guardian
Signature

Date