

ENROLLMENT FORM

DUE: Friday, May 10, 2019



July 8-August 1, 2019

Office use only:

Student MARSS #

Student Name		
LAST	FIRST	MIDDLE
CURRENT GRADE:		CURRENT TEACHER:
Birth Date: / /	Gender: Male Female	
Home Address:	Home Phone Number:	
	Address for Bus Pick Up (if different than home)	
	Address for Bus Drop Off (if different than home)	
Parent(s)/Guardian(s) Name:		
Cell:	Work:	Email:
List any MAJOR MEDICAL ISSUES that our staff should be aware of		
Emergency Contact:		Relationship:
		Phone:
If not eligible for bussing, how will your child be transported to and from summer school?		

I understand that regular attendance contributes to success. To remain enrolled, a student may not miss more than four consecutive sessions.

I understand that students are expected to follow the behavior plan of the building in which the program is being held.

I understand that parents/guardians should be familiar with their child's Continual Learning Plan and help their child reach the indicated goals.

Parent/Guardian Signature: _____ Date: _____

Please return to the Kaposia Education Office
Attn: Julie Ries