

For Office Use Only

Summer Academy Teacher \_\_\_\_\_

Room Number \_\_\_\_\_

# Summer Academy 2021 Registration Form

Complete and return your child's Summer Academy Registration Form by **May 7, 2021**. Please print.

Student's Name: \_\_\_\_\_  
Last First Middle Initial

Gender: Male  Female

School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

**Session Choice:** Please check the session your student will attend.

4 Week Session (July 12-August 5), 8:30-12:30 pm

2 Week Session (July 12-July 26), 8:30-12:30 pm

2 Week Session (July 25-August 5), 8:30-12:30 pm

**Learning Delivery Model:** Please check how your student will learn during their session.

In person learner that will follow health mitigation strategies

Virtual Learner

**Student's Home Address:**

\_\_\_\_\_  
Street City, State Zip

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Mother/Female Guardian's Name \_\_\_\_\_ Home Number \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Father/Male Guardian's Name \_\_\_\_\_ Home Number \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

In case of an emergency and parents/guardians cannot be reached, please contact:

1) Name \_\_\_\_\_ Home Number \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

2) Name \_\_\_\_\_ Home Number \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**At the end of the school day, my child will:**

\_\_\_\_\_ ride the bus to his/her home school.

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## Registration Form

\_\_\_\_ be picked up in the car rider area at the Summer Academy site.

\_\_\_\_ be picked up by \_\_\_\_\_ Daycare at the Summer Academy site. Their phone number is \_\_\_\_\_.

Please use the space below to share information that would be helpful in planning for your child's academic success.

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