



JULY 2017 STUDENT REGISTRATION FORM

DATES: Wednesday, July 5, 2017 to Friday, July 28, 2017
CLASS TIME: 8:30 am - 11:30 am
Grade Completed June 2017:

PLEASE PRINT

STUDENT INFORMATION

Student Trillium/OEN Number **Home School**

Last Name **First Name**

Student Birth Date Year Month Day Male Female

Home Phone Number **Present Grade (currently)**

MEDICAL/EMERGENCY INFORMATION

Health Card Number

Does your child have any medical conditions? YES NO

If yes, please give additional information

Does your child have any allergies? YES NO **Does your child require an EpiPen?** YES NO

If yes, please give the source of allergy, i.e., peanut, bees, dust, etc.

In case of emergency contact **Phone Number**

I hereby approve that my son/daughter attend this summer program and that his/her Report Card be shared with the appropriate summer school administrators and teachers.

Parent/Guardian Name (PLEASE PRINT) _____
Business/(Cell)Phone Number **Email Address**

Signature of Parent/Guardian _____ **Date** _____

Note: Parent signature confirms that the proceeding information is current from the registration date. It is the responsibility of the parent/guardian to inform the school of any changes to this information. Any false or misleading information can be grounds for dismissal from the program.

SCHOOL USE ONLY - TO BE COMPLETED BY TEACHER/PRINCIPAL

Please indicate appropriate student support/needs/recommendations: _____

A copy of the student's February 2017 report card must be attached to this registration form.

Has this student been identified through the IPRC process? Yes ____ No ____

If yes, *Exceptionality:* _____ *attach IEP to application*

Signature of Principal/Designate _____ **Date** _____

Please note that Principal's signature is required. Unsigned registrations will be returned.

Summer School Principal use only: **Date received from school:** _____

Registration approved: YES NO **If declined: Reason:** _____

