

ROC SUMMER ARTS REGISTRATION

STUDENT INFORMATION

STUDENT NAME:

STUDENT ID #:

8 9 0 _ _ _ _ _

CURRENT SCHOOL:

CURRENT GRADE LEVEL:

K 1 2 3 4 5 6 7 8

CURRENT ADDRESS:

CITY:

STATE:

ZIP CODE:

PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN NAME:

RELATIONSHIP TO STUDENT:

EMAIL ADDRESS:

HOME PHONE:

CELL PHONE:

WORK PHONE:

EMERGENCY CONTACT INFORMATION

CONTACT NAME:

RELATIONSHIP TO STUDENT:

PHONE:

TRANSPORTATION INFORMATION

Please be advised that no student is guaranteed a house pick-up!

MIDDLE GRADE PARENTS - All bus stops are community stops (corner stops)

WILL SUMMER TRANSPORTATION BE REQUIRED (Circle one):

YES

NO

PICK-UP ADDRESS (If different than current address):

ZIP CODE:

DROP-OFF ADDRESS (If different than current address):

ZIP CODE:

(Office Use Only)

Summer Program Location:

_____ [School Site]

Transportation Updated in PS:

_____ [Date]

_____ [Updated by]