

RCSD CHILDREN'S DEFENSE FUND FREEDOM SCHOOL SUMMER PROGRAM 2017

Student Name				
Home School				
2016-2017 Grade Level				
RCSD student ID#				
Parent/Guardian phone num	ber			
Parent/Guardian email				-
Transportation Needed	Yes	No	Please Circle	
Pick Up Address				-
Drop Off Address(if there is an address change				– dress
Parent/Guardian Name (plea	se print) _			
Parent/Guardian Signature				