

# ELEMENTARY SUMMER PROGRAM REGISTRATION FORM

Registration Process: Please complete registration form & send with tuition to:

- Completed Registration Form
- Tuition Funds
- Completed Emergency Notification Form
- \*QUALIFIED Student Scholarship Application Form

ISD Elementary Summer Program  
Issaquah School District  
ATTN: ELEMENTARY BOOKKEEPER  
565 NW Holly ST  
Issaquah, WA 98027

STUDENT NAME: _____	HOME SCHOOL: _____	CURRENT GRADE: _____
MAILING ADDRESS: _____	CITY: _____	ZIP: _____
#1 PARENT/GUARDIAN NAME: _____		
#1 DAY PHONE: _____	#1 HOME PHONE: _____	
#2 PARENT/GUARDIAN NAME: _____		
#2 DAY PHONE: _____	#2 HOME PHONE: _____	
DAY CARE CONTACT: _____	PHONE: _____	
DAY CARE E-MAIL: _____		
EMERGENCY CONTACT: _____	DAY PHONE: _____	
CURRENT TEACHER NAME: _____		
TUITION: \$375.00 Please make checks/money orders payable to: <i>Issaquah School District</i> * PARTIAL scholarships <i>may</i> be available. Please contact the summer school office at 425-837-7025		
SITE LOCATION: <i>Clark Elementary – 500 Second Ave SE - Issaquah</i>		

**CANCELLATIONS received before May 31, 2011 will receive a full refund**

STUDENT/PARENT AGREEMENT: I/We understand that regular and punctual attendance is a requirement in order to participate in this program. The intense instruction is developed to focus on specific skills in order to improve student success in reading and math skill areas over a relatively short period of 19 days. Parents/Guardians are asked to call the Site Coordinator if student is home ill.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ STUDENT SIGNATURE: \_\_\_\_\_  
DATE SIGNED: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
RECEIPT/CHECK #: _____	TUITION TAKEN BY: _____	(School Official)
TUITION PAID: _____		

**STUDENT DATA BELOW:**

GRADE LEVEL: \_\_\_\_\_ TEACHER: \_\_\_\_\_ OTHER: \_\_\_\_\_

**OVER**  
(FOR EMERGENCY NOTIFICATION CARD)

Issaquah School District Emergency Notification Card  
for Summer School

Current Teacher: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First M/I

Home Phone: ( ) \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Lives with: \_\_\_\_\_  
Father/Guardian Mother/Guardian

In case of separated or divorced parents, are there any legal restrictions on the release of the student to either parent?  YES  NO  
If YES, please provide court documentation.

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP \_\_\_\_\_

Day Care Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Local Persons to notify with permission to transport child: Indicate relationship to student

1. \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Name Relationship

2. \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Name Relationship

3. \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Name Relationship

Name of adult who could walk to school to pick up your child in case of a disaster:

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Name Relationship

Siblings in District Summer Program.

\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Please list any restrictions or special considerations you feel the office personnel need to know about your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_