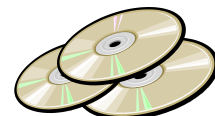




*** VIDEO EDITING CLASS ***
**ELEMENTARY SUMMER PROGRAM
 REGISTRATION FORM**



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

- Completed Registration Form
- Tuition Funds
- Completed Emergency Notification 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: \$225.00 Please make checks/money orders payable to: *Issaquah School District*
 *There are NO scholarships available for the Video Editing Class

SITE LOCATION: *Clark Elementary – 500 Second Ave SE - Issaquah*

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. Parents/Guardians are asked to call the Site Coordinator if student is home ill.

PARENT/GUARDIAN SIGNATURE: _____ STUDENT SIGNATURE: _____

DATE SIGNED: _____

FOR OFFICE USE ONLY

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.

