

2024 HUSTISFORD SCHOOL DISTRICT SUMMER SCHOOL ENROLLMENT FORM FOR ALL STUDENTS 4K-12TH GRADES

EACH STUDENT MUST HAVE 2 COMPLETED FORMS, THIS ENROLLMENT FORM AND A COURSE REGISTRATION FORM (available at registration).

PLEASE COMPLETE SEPARATE FORMS FOR EACH STUDENT.

Student Name: _____ **Child's Age:** _____
School District Resident: _____ **Grade Entering in Fall of 2024** _____
Non-District Resident: _____ **School District of Residence:** _____

Parent/Guardian Name: _____	Cell Phone: _____	Work Phone: _____
Mailing Address (PO Box, Street Address, City, Zip Code): _____		Email Address: _____

Parent/Guardian Name: _____	Cell Phone: _____	Work Phone: _____
Mailing Address (If different than above): _____		Email Address: _____

Emergency Contact (other than above who will be able to pick your child up during summer school hours if you cannot be reached)	
Name & Relationship to child: _____	Phone Number: _____

Health Concerns: Please list all medical conditions, medications taken, allergies, etc. _____ _____
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Child will get home by the following method: Parent/Other pick up: _____ Walk/Ride Bike Home: _____
Child will attend the Sinissippi Summer Recreation Program after school: _____ Please note that there is a separate registration form for Sinissippi Recreation.

Please contact school by 8:30 AM at 920-349-3228 if your child will be absent or has a change in transportation.