2025 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: Non-District Resident:	Grade Entering in Fall of 2025		
	School District of Re	esidence:	
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	e able to pick your child up durin	g summer school hours if you cannot be reached)	
Name & Relationship to child:		Phone Number:	
Health Concerns: Please list all medical condition	s, medications taken, allergies, e	tc.	
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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	on Program after school:		
Please note that there is a separate registration for	orm for Sinissippi Recreation.		
Please contact school by 8:30 AM at 920-349-322	28 if your child will be absent or	has a change in transportation	
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