

Student Information Sheet

2014-2015

Student Name: _____ Grade _____

Mailing Address: _____

Phone # _____

Date of Birth: _____

YES, my child will be attending the 2014-2015 McGraw RISE program. *I understand that attendance is required for the four days per week (unless a note is provided to the Program Director).*

Signature of Parent/Guardian

Date

Student resides with...? _____ Mother _____ Father _____ Step parent _____ other guardian (s)

Is there legal custody documentation the school should be aware of? _____ No _____ Yes (please provide copy)

Father/Stepfather _____ Day Time Phone # _____
Place of Employment _____ Email _____

Mother/Stepmother _____ Day Time Phone # _____
Place of Employment _____ Email _____

Babysitter (after RISE program)
Name _____ Phone # _____
Address _____

Emergency Contact:
Name _____ Phone # _____
Relationship to child _____

Special Considerations: (i.e. Allergies, Food Allergies, Custody, etc.)

TRANSPORTATION

My child is eligible and will use District bus transportation for the McGraw RISE program

Drop off _____
(No PO Boxes)

I will be picking up my child from the program

