

LAST NAME

FIRST NAME

STUDENT ID NUMBER

(Use student legal name)
Please print in blue or black ink.

Student Address _____
House # Street City Zip

Date of Birth _____

Home Phone _____

Parent Cell/Work _____

Parent/Guardian Name _____

Emergency Contact _____

Phone _____

Grade you will be in **2009-2010** school Year _____

School you will attend **2009-2010** school year _____

Board Policy JGD: A student who is under suspension or expulsion is prohibited from participating in, or attending, any school-sponsored activity or program.

COURSE SELECTION

5TH QUARTER CLASSES 2009

<u>COURSE#</u>	<u>COURSE NAME</u>	<u>LOCATION</u>
9415.15	SUMMER FITNESS	GHS

DATE: 06/08-06/26

TIME: 7:30-10:30

MEDICAL INFORMATION

Does student have special medical/health needs?

YES _____ NO _____

If yes, please attach explanation.

SPECIAL EDUCATION STUDENTS

Does student have an IEP? Yes _____ NO _____

All Special Education Students who are non-resident students must receive permission before any special education services will be provided. Please call SPED 523-7500.

MAIL REGISTRATION FORM TO:

Fifth Quarter Summer Program
Kraft Administrative Center
940 North Jefferson
Springfield, MO 65802