

Total # of students _____

School District _____

Title VI Summer School Registration

Parent's Name _____

Address _____

Home Phone # _____ Cell # _____

Email address _____

Any special needs (medical, allergies...) _____

(Please fill out from youngest to oldest)

Child's Name	School	Grade Next Year
1.		
2.		
3.		
4.		
5.		

PHOTO PERMISSION SLIP

We will also be taking pictures of our students involved in activities relating to summer school and publishing them in our newsletter, website or partners' newsletters and websites. Please sign below if you give your permission for your student to attend these classes and if we have your permission to use Photos of your children.

Parent or Guardian Signature

Do you want to help with an event or activity? _____ YES _____ NO

Thank you,
Eileen Quintana
Natalie Billie
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