

Date received by office: _____

4K Summer School 2017 Sign-Up

Student's Name: _____

Grade Completed: _____ School: _____

Teacher's Name: _____

Parent/Guardian's Name: _____

Mailing Address: _____

School District of Residence: _____

Phone: Home/Work: _____ Cell: _____

***Alternate Contact Name and Phone: _____

(Please include the name and phone of a relative or friend that can be contacted between the hours of 8 am and 12 Noon, in case the parent/guardian is not available.)

Medical information:

Students are invited and encouraged to eat free breakfast and free lunch every day of Summer School. Will your student be eating breakfast and/or lunch here at school?

Most every day

Sometimes

No

My student will need to ride the Lyndon bus:

Yes

No

*****Applications Due to the Office March 10*****