

# Schoharie Summer School Registration 2021

## *STUDENT INFORMATION*

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: Male Female Phone Number: \_\_\_\_\_

Parent/Guardian #1: (First & Last Name): \_\_\_\_\_  
(Circle One)

\_\_\_\_\_  
(Physical Address) (Town/City) (State/Zip) (County) (Home Phone)

\_\_\_\_\_  
(Mailing Address – if different from above) (Town/City) (State/Zip)

\_\_\_\_\_  
(Place of Employment) (Work Phone #) (Cell Phone #)

\_\_\_\_\_  
(E-Mail Address)

Relationship: \_\_\_\_\_

Child resides in this household:  Full Time  Part Time – List days \_\_\_\_\_  Never

Parent/Guardian #2: (First & Last Name): \_\_\_\_\_  
(Circle One)

\_\_\_\_\_  
(Physical Address) (Town/City) (State/Zip) (County) (Home Phone)

\_\_\_\_\_  
(Mailing Address – if different from above) (Town/City) (State/Zip)

\_\_\_\_\_  
(Place of Employment) (Work Phone #) (Cell Phone #)

\_\_\_\_\_  
(E-Mail Address)

Relationship: \_\_\_\_\_

Child resides in this household:  Full Time  Part Time – List days \_\_\_\_\_  Never

### **Emergency Contacts**

If my child has to be taken home because of a minor illness and I am not there or cannot be reached, please call:

#### **Allowed to Pick Up Student?**

*Please circle Yes or No:*

Yes No \_\_\_\_\_  
(Name) (Relationship) (Home Phone) (Work Phone) (Cell Phone)

Yes No \_\_\_\_\_  
(Name) (Relationship) (Home Phone) (Work Phone) (Cell Phone)

Yes No \_\_\_\_\_  
(Name) (Relationship) (Home Phone) (Work Phone) (Cell Phone)

**Please Print Clearly**

**In an emergency, I authorize the school to call:**

_____	_____	_____	_____
(Physician)	(Phone Number)	(Preferred Hospital)	(Phone Number)
_____	_____		
(Dentist)	(Phone Number)		

**Siblings at Schoharie Central School:**

_____	_____	_____
(Full Name)	(Grade)	(Teacher/Homeroom Teacher)
_____	_____	_____
(Full Name)	(Grade)	(Teacher/Homeroom Teacher)

**Dual household families**, if requesting to receive mail correspondence, please provide the name and address of a parent or guardian who does not live at the same mailing address, but has the legal right to receive discipline, attendance, field trips, grading and testing information. All other information that goes home with students may not be mailed to both addresses.

_____	_____	_____	_____
(Name)	(Mailing Address)	(Town/City)	(State/Zip Code)

Parent/Teacher Conference: We would prefer  Joint  Individual

**EMERGENCY DISMISSAL PLAN:** In the event that school is dismissed at an unscheduled time due to unforeseen circumstances, you will receive an automated notification from School Messenger. Please indicate instructions below:

Check One Only:

\_\_\_\_\_ I want my child to walk as usual or ride his/her bus as usual.

\_\_\_\_\_ I want my child to go to (Name of Person) \_\_\_\_\_ at

(location) \_\_\_\_\_ Phone \_\_\_\_\_

**\*IMPORTANT\***

Grades K-5 Summer School: July 12- August 12, 2021, Monday- Thursday

Grades 6-8 Summer School: July 6- August 12, 2021, Monday- Thursday

SIGNATURE OF PARENT /GUARDIAN \_\_\_\_\_

**Please Print Clearly**