

Extended Day Program Enrollment Form Barnette Magnet School 2022-2023

Student ID # _____

State ID #: _____

School Year: 2022/2023

Student Information

First Name: _____ M.I. ____ Last Name _____

Birth date: _____ Gender: Male Female

Grade / Teacher: _____ Enroll Date _____

Parent/Guardian (1)

First Name _____

Last Name _____

Relationship _____

Home Phone _____

Work Phone _____

Other Phone _____

Street Address _____

City _____ Zip _____

Home Email: _____

Work Email: _____

Email Preference: Work _____ Home: _____

Parent/Guardian (2)

Check here if address same

First Name _____

Last Name _____

Relationship _____

Home Phone _____

Work Phone _____

Other Phone _____

Street Address _____

City _____ Zip _____

Home Email: _____

Work Email: _____

Email Preference: Work _____ Home: _____

Transportation

My child will walk home: Yes No .

My child will be picked up: Yes No

Person(s) permitted to pick child up: _____

Relationship: _____ Phone: _____

Person(s) NOT permitted to pick child up: _____

Relationship: _____ Phone: _____