

After School Program Enrollment Form Barnette Magnet School

Student ID # _____
State ID #: _____
School Year: _____

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: _____