

Richland School District One
After-school Comprehensive Remediation Program
Registration

Student Name: _____ Grade: _____

Gender: _____ Male _____ Female Date of Birth: _____

Student SSN: _____ Student ID: _____

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My signature verifies that: I understand that promotion/retention decisions will be made during an end-of-the-year review and if my child has not met grade level standards, he/she may be retained.

Please check and sign:

_____ My child will attend the Comprehensive Remediation Program.

_____ My child **will not attend** the Comprehensive Remediation Program.

Parent Signature

Date

Student Signature

Date

=====
Parent/Guardian Name: _____

Address: _____

Telephone: (H) _____ (W) _____ (C) _____

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Emergency Contact Name: _____ Relationship: _____

Address: _____

Telephone: (H) _____ (W) _____ (C) _____

In the event of an emergency, my preferred hospital is: _____

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Does the child have any medical or physical problem that we should know about? _____ Yes _____ No

If yes, please explain: _____

Does the student take medication? _____ Yes _____ No If yes, please list: _____

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Dismissal Procedure:

_____ Bus Rider/Bus # _____ _____ Car Rider _____ Walker

