

FOR STUDENTS NEW TO SUMMER SCHOOL

Summer School Registration 2018

Student Last Name First Middle Date of Birth Current Grade

Street Address City State Zip

Male____ Female____

Race (required)

____American Indian or Alaskan Native

____Native Hawaiian or other Pacific Island

____Asian

____White

____Black or African American

____Hispanic

Special Ed.____

Regular Ed.____

Parent/Guardian Information:

Father's Name:_____

1st phone:_____ 2nd phone:_____ 3rd phone:_____

Mother's Name:_____

1st phone:_____ 2nd phone:_____ 3rd phone:_____

EMERGENCY CONTACT:

Name Relationship to student Phone

Name Relationship to student Phone

*If you are not a resident of the Plymouth Joint School District, name resident district:_____