

2015 PCS Summer School Enrollment Form

Parent/Guardian Information:

Name of Parent/Guardian:					
Please list <u>phone numbers</u> in t	the order you would lik	te to be contacted.			
1. ()					
2. ())				
3. ()	□Home□W	ork □Cell □Other			
Address:					
			ZIP		
Transportation Inform	ation Is Required	<u> </u>			
Preferred Method Home:					
My child will	☐ be PICKED UP	□ WALK HOME	☐ go to B.A.C.		
Please list authorized pick up	name and phone num	ber:			
1		#:			
2		#:			
3		#:			

**Please fill out student information on the back

Student Information:

children to be enrolled: _____

Student Name	Allergies or Health Concerns	Current Grade	Teacher
1.			
2.			
3.			
4.			