

DEKALB COUNTY SCHOOL SYSTEM  
21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTERS

After-School Program

SUMMER SCHOOL at DCHS

Starts May 27th. Ends June 10th. Hours are from 8:00 until 2:00pm

**REGISTRATION FORM**

Date: \_\_\_\_\_

School: \_\_\_\_\_

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**STUDENT INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Sex:  Male  Female

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION**

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

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**PERMISSION TO RELEASE STUDENT TO THESE INDIVIDUALS**

Name

Relationship to Student

Telephone Number(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**EMERGENCY INFORMATION**

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Please describe any medical conditions, including allergies, of the student that the after school program may need to be aware of:

\_\_\_\_\_

Name of person, other than parent/guardian, authorized to act for the parent/guardian in case of emergency:  
**DO NOT LEAVE BLANK**

Name: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

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In the event of an emergency, I hereby give permission to the DeKalb County School System and anyone associated with its after school programs to secure proper medical treatment for my child. If I cannot be reached, I hereby give permission for emergency personnel selected by the DeKalb County School System or anyone associated with its after school program to order x-rays, routine tests, and treatment for the health of my child. I also give permission to emergency personnel selected by the DeKalb County School System or anyone associated with its after school program to hospitalize, secure proper treatment, and to order injection and/or surgery for my child.

I have received, read and understand the student handbook.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

DEKALB COUNTY SCHOOL SYSTEM  
21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTERS  
AFTER SCHOOL/SUMMER SCHOOL PROGRAMS

TRANSPORTATION FORM

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The 21<sup>st</sup> CCLC grant provides bus transportation home for any student enrolled in after school programs. Buses begin picking up students at 2:00 p.m. at DCHS and DMS and 2:10 p.m. at DWS. Delivery times vary based on the number of students riding each day.

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Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Telephone Numbers(s): \_\_\_\_\_

Student will ride the bus home following after school programs.

Student will be a car rider following after school programs.

Individuals with permission to pick up student:

<u>Name</u>	<u>Relationship to Student</u>	<u>Telephone Number(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student will drive home following after school programs.

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Signed:

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

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