

Magoffin County Board of Education

P. O. Box 109
SALYERSVILLE, KENTUCKY 41465

Phone (606) 349-7115
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EXTENDED SCHOOL SERVICES PROGRAM

(ESS)

REGISTRATION FORM

STUDENT' S NAME _____ BIRTH DATE: _____

ADDRESS: _____

_____ HOME PHONE: _____

SCHOOL ATTENDING: _____

NAME OF PARENT/GUARDIAN _____

I consent for my child _____, to participate in the Magoffin County Public Schools Extended School Services Program. I agree to encourage him/her to attend all sessions to which he/she is assigned.

I understand the personal safety of the student is of first importance to the Magoffin County School System. In the event of needed professional medical care, I give my permission for my child to be transported to the nearest medical facility and for staff of that facility to render treatment.

_____ Date

_____ Signature of Parent/Guardian

The following people are allowed to pick my child up from the tutoring sessions.

_____ NAME OF PERSON _____ SOCIAL SECURITY NUMBER

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