

**E.ST. LOUIS SENIOR HIGH SCHOOL**  
**SCHOOL YEAR 2022-2023**  
**\*\*FALL REGISTRATION FORM\*\***

Student Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender: M F

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

Date of Birth \_\_\_\_\_ Student ID # \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Parent Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

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

Parent/Guardian Email Address: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

How did you hear about the 21st Century Program? Automated Email \_\_\_\_\_ Automated Phone Message \_\_\_\_\_  
Flyer \_\_\_\_\_ Teacher Recommendation \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Website \_\_\_\_\_

Does your child receive special education services? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have other children attending the same school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate their grade(s). \_\_\_\_\_

Does student have allergies to specific food items? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate below:  
\_\_\_\_\_

( ) My student will **only** attend morning session {Parent Drop Off Required}

( ) My student will attend **both** morning and evening session

Evening Transportation Method: \_\_\_\_\_ Walk \_\_\_\_\_ Pick-Up \_\_\_\_\_ Requires Bus Transportation

Please contact me to attend planned family activities after school? Yes \_\_\_\_\_ No \_\_\_\_\_

**The 21<sup>st</sup> Century Community Learning Center will provide transportation to and from the program site. Parents are to assume full responsibility for receiving their child after the bus drops them off at the designated stop.**

**I understand that if my child is accepted in the program, I will ensure that he/she attends regularly.**

**By signing below I authorize 21<sup>st</sup> Century to provide transportation during scheduled afterschool activities. I also authorize 21<sup>st</sup> Century to collect and evaluate academic data and student demographic information provided to East Saint Louis School District #189.**

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

\_\_\_\_\_  
Date