

OFFICER ELEMENTARY 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 21st 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 21st Century to provide transportation during scheduled afterschool activities. I also authorize 21st Century to collect and evaluate academic data and student demographic information provided to East Saint Louis School District #189.

Signature of Parent/Guardian

Date