EXTENDED DAY PROGRAM

Verification of Enrollment for EDP Transfers



I verify that	(student) is currently enrolled in (school) Extended Day Program	
and is covered under the Calcasie	eu Parish School Board insurance	e policy.
Extended Day Program Site Di	rector or Bookkeeper	Date
Contact Number		
Please attach copy of current reg	gistration form with current em	ergency information.
PARENTS:		
Please initial the correct choice. If the registration form current.	For your child's safety, please pr	ovide whatever information will make
I verify that t - OR -	he information on the registrati	on form is current.
I verify that t	the following changes will make	the information current:
Parent Signature	 Date	 Contact Number