

Environmental & Adventure School REGISTRATION – Form C

Parent Statement

Student Name: _____
Last
First
Middle

What would you like your child to gain by attending this school?

Please fill out the chart below and add comments that will help the EAS staff address the needs of your child. You may attach additional paper if necessary.

	Outstanding	Above Average	Average	Below Average	Comments
Study Habits and Homework Completion					
Personal Organization					
Reading Skills					
Writing Skills					
Math Skills					
Peer Relationships					
Self Confidence					
Taking Responsibility for Own Actions					

Does your child receive special services? IEP _____ 504 Plan _____ Behavior Plan _____ District Remediation _____

Please attach CURRENT copy of IEP, 504 Plan, Behavior Plan, and/or District Remediation with this registration packet.

Parent participation is important to EAS programs. Please “x” the appropriate boxes that correspond to your passions, skills, interests or areas of expertise. Upon student registration we will add your information to our database.

<input type="checkbox"/> Food Handler’s Permit	<input type="checkbox"/> Sailing / Canoeing	<input type="checkbox"/> Cooking / Baking	<input type="checkbox"/> Health Fair presenter
<input type="checkbox"/> CPR/First Aid (current)	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Sewing	<input type="checkbox"/> Health Fair assistant
<input type="checkbox"/> LWSD Employee	<input type="checkbox"/> Driving Wed. Elec.	<input type="checkbox"/> Photography / Videography	
<input type="checkbox"/> Camping	<input type="checkbox"/> Assist in Wed. Elec.	<input type="checkbox"/> Community Services	
<input type="checkbox"/> Backpacking	<input type="checkbox"/> Art	<input type="checkbox"/> Environmental Science	<input type="checkbox"/> PTO/PTSA experience?
<input type="checkbox"/> Hiking	<input type="checkbox"/> Music	<input type="checkbox"/> Gardening	<input type="checkbox"/> Please specify:
<input type="checkbox"/> Running	<input type="checkbox"/> Fitness / Sports	<input type="checkbox"/> Office Help	<input type="checkbox"/> Officer
<input type="checkbox"/> Skiing / Snowboarding	<input type="checkbox"/> Theatre / Drama	<input type="checkbox"/> Handyman / woman	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Bicycling	<input type="checkbox"/> Crafts	<input type="checkbox"/> Computers / Technology	<input type="checkbox"/> Committee Chair:

Others (please specify) _____

EAS Parent/Family Commitment: Every family is asked to commit to 25 hours of volunteer involvement annually. EAS parents track and record volunteer time using the established Volunteer Hours tracking system. Families also agree to an annual financial contribution to EAS PTO per student in lieu of any other fundraisers to support the extended curriculum and programs offered by EAS.

Legal Parent/Guardian Signature: _____ **Date:** _____