

Wallkill Central School District

Grade 7-8 Summer Learning Academy  
2017 Registration Form

PLEASE PRINT NEATLY

Registration Date \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Last Name \_\_\_\_\_ Student ID # \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell/Other Telephone # \_\_\_\_\_

Parent/Guardian First & Last Name \_\_\_\_\_

Other Parent/Guardian First & Last Name \_\_\_\_\_

Special Accommodations    504                     IEP                     ESL

List someone other than yourself who will assume temporary care of your child for an illness or emergency.  
Please advise these individuals you are listing them for emergency care.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone # \_\_\_\_\_

Grade 7-8 Summer Learning Academy 2017 Authorization Statement

The above noted student has my permission to attend Summer Learning Academy.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guidance Counselor Signature

\_\_\_\_\_  
Date

**\*While there is no charge for this program, you will need to transport your student to and from the high school each day, July 10 – August 3.**