

Believe Achieve Succeed
After School Registration Form
Morgan Junior High/Morgan High Schools

Student's Name _____

Grade _____ Date of Birth _____

Mailing Address

City _____ State _____ ZIP _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail address _____

Emergency contact *other than* parent or guardian *if applicable*:

Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____

Cell Phone _____

Transportation Information: How will your child get home from the program? (Check one)

Need bus transportation _____

Will pick up _____

If your child will ride the bus, please answer the following question.

1) What bus # does your child ride in the morning to get to school? _____

****We cannot allow students to ride home with anyone else other than immediate family members unless we have a signed note from the parent or legal guardian. If your child will be riding with someone other than parents, please make sure you have a note sent to the office informing us of this prior to it happening.**

Photo Release: I give permission for photos of my child to be used in newspapers and school district publications (social media) about the after school program. _____ Yes _____ No

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Signature of Parent or Guardian

Date