

M-DCPS Summer Reading Camp 2017 Registration Form

HOME SCHOOL _____ ID# _____

STUDENT'S NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ TEACHER _____

PRESENT GRADE _____

MOTHER'S NAME _____

MOTHER'S EMPLOYER _____

EMPLOYMENT TELEPHONE# _____

CELL PHONE NUMBER _____

FATHER'S NAME _____

FATHER'S EMPLOYER _____

EMPLOYMENT TELEPHONE# _____

CELL PHONE NUMBER _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

NAME _____ TELEPHONE NO. _____

ADDRESS _____ RELATIONSHIP _____

NAME _____ TELEPHONE NO. _____

ADDRESS _____ RELATIONSHIP _____

FAMILY DOCTOR _____ DOCTOR'S TELEPHONE # _____

PREFERENCE OF HOSPITAL _____

STUDENT HEALTH INFORMATION WHICH SHOULD BE KNOWN IN CASE OF AN
EMERGENCY: _____

AUTHORIZATION FOR RELEASE FROM SCHOOL:

The following persons are authorized to take my child from school:

_____, _____, _____

_____, _____, _____

The following persons are NOT AUTHORIZED to take my child from school:

_____, _____, _____

PARENT/GUARDIAN SIGNATURE

DATE

SCHOOL OFFICE USE ONLY: Check and Complete the Appropriate Information Below

2ND Grade SAT Percentile _____ 3RD Grade Retained i-Ready AP3 Scale Score _____

ESOL Level _____ ESE INFORMATION _____

Student Portal Login

Username _____

Password _____

3RD Grade Only Attending on the Alternative Assessment for Grade Three Promotion Administration _____

***Parents please provide earbuds/headphones for your child to use during the Summer Reading Camp.**