



Elyria Teens Achieve Success

2017-2018 Registration Form

Please return to your homeroom teacher or to Ms. Belcher room 302W

*HR teacher send with attendance.

Date of Application: _____

PARTICIPANT INFORMATION: Please print clearly.

Child's Name: _____ M__ F__ Birth Date: _____ Age: _____

Address: _____ City: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian Name(s): _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

PHONES: Cell: (____) _____ Home: (____) _____ Work: (____) _____

Primary Parent's E-mail: _____

Secondary Parent's E-mail: _____

Secondary Parent/Guardian Name(s): _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

PHONES: Cell (____) _____ Home: (____) _____ Work: (____) _____

SCHOOL INFORMATION

Grade in Fall of 2017: _____

Special Needs of Child or (IEP)/Explain:

EMERGENCY CONTACT INFORMATION IF PARENTS CAN'T BE REACHED

Name(s): _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

Phones: Cell: (____) _____ Home: (____) _____ Work: _____

(____) _____

INSURANCE COMPANY INFORMATION: (REQUIRED)

Cardholder: _____ Physician's Name: _____

Insurance Company: _____ Policy Number: _____

FoodAllergies: _____

PERSONAL INFORMATION:

Student's

Strengths: _____

Student's

Interests: _____

Social

Needs: _____

Behavioral Needs: _____

Academic

Needs: _____

Additional

Information: _____

ACADEMIC INFORMATION RELEASE STATEMENT

I give permission for Elyria High School to release a copy of my child's homework assignments, grades, progress reports, report cards, and statewide testing assessments to the staff of Elyria Teens Achieve Success, in order to support my child's academic and emotional growth. I also give permission for Elyria High School staff to communicate with Elyria Teens Achieve Success staff in order to serve best serve my child.

Parent/Guardian Signature: _____ Date: _____