



21STCCLC AGOGGE- REGISTRATION FORM 2018/2019 SCHOOL YEAR

Student Name: _____ **Grade:** _____

Parent Name: _____ **Cell Phone:** _____

Mailing Address: _____

I, (student name here): _____ agree to become a participant of the 21st CCLC. I will read and understand the student handbook and I will abide by all school rules and treat the teachers/mentors with respect. I have read the handbook, **Please check after reading handbook** ()

(Optional) I, (Parent Name): _____ agree to allow my student's photo to be used for promotional items like brochures, school web page, or newspaper articles related to the afterschool program.

As a parent or legal guardian, I will read and understand the student handbook and I hereby give my permission for my student, (first/last name) _____, to attend the 21st Century Community Learning Center activities.

Can your child leave after the academic lab (3:40pm)? Yes _____ No _____

How will your student get home at 5PM? See handbook for limited bus routes and schedules

Circle one: Take the bus Walk Drive or picked up

When a student suffers a serious injury or illness while participating in a Priest River Lamina High School activity, first aid will be provided in accordance with school policies, and an immediate and continuing effort will be made to contact the parents of that student, or the person(s) the parent has selected as an alternative.

If the above named student should be seriously injured or ill at school or a school activity, and none of the persons listed below are available, I give my permission for school personnel to authorize emergency services: Yes _____ No _____

Is the above named student on Free or Reduced Lunch? _____

Is the above named student IEP/LEP? _____

Gender _____ Race (circle all appropriate boxes) American Indian or Alaskan Native Asian Black Native Hawaiian/ Pacific Islander
White Ethnicity (circle one) Hispanic/Latino Non-Hispanic/Latino

I understand that I will be responsible for payment of any medical costs incurred under such circumstances.

Parent Signature: _____ Cell Phone: _____

Alternative Contact: _____ Cell Phone: _____

I understand that by enrolling my student in the 21 CCLC program, I am agreeing to attend a minimum of three evening activities in the following year.

You may email me at _____ to remind me of these events prior to their activity date or phone me at the above phone number. Please clear your mailbox if it is full. **If you have any questions please contact Cherie Coldwell, 21st Century Learning Center Director at 208-448-1211 ext. #6 or cell: 208-477-1225**