

## 2022-2023 EAST END ELEMENTARY AFTER THE BELL ENROLLMENT FORM

| STUDENT INFORMATION:  |                          |                              | Homeroo              | Homeroom Teacher:   |             |                    |              |
|---|--------------------------|------------------------------|----------------------|---------------------|-------------|--------------------|--------------|
| Last  | First                    |                              | Middle               |                     |             | Generation:        |              |
| Name:   | Name:                    |                              | Name:                |                     |             |                    |              |
| Note: The name entered above should be the student's full legal name as it appears on the birth certificate or other legal document.   Grade: Gender: |                          |                              |                      |                     |             |                    |              |
| Mailing Address:  |                          | City:                        |                      | Zir                 | Code:       |                    |              |
| Residence Address:  |                          | City:                        |                      | -                   | Code:       |                    |              |
| Parent/Guardian Name  | <b>.</b>                 | ony.                         | Home P               |                     | , 00uc.     |                    |              |
| Note: The Parent/Guardia  |                          | parent(s) or other individua |                      |                     | v of the ch | ild listed above.  |              |
| Birthdate:  |                          |                              |                      |                     | ,           |                    |              |
| Who will pick-up student from HWC?  |                          |                              |                      |                     |             |                    |              |
| PARENT / GUAI<br>guardianship/custody of t  |                          | IATION: Persons lis          | ted below should l   | be the biological p | parents an  | d/or individuals v | with legal   |
| Relationship:   |                          | Relationship:                |                      |                     |             |                    |              |
| Parent/Guardian :   |                          |                              | Parent/Guard         |                     |             |                    |              |
| Student resides with this guardian:YesNo  |                          |                              | Student resid        | les with this g     | uardian:    | Yes                | No           |
| Address:  |                          |                              | Address:             |                     |             |                    |              |
| Home Phone:   |                          |                              | Home Phone:          | :                   |             |                    |              |
| Pager/Cell:   |                          |                              | Pager/Cell:          |                     |             |                    |              |
| Employer:   |                          |                              | Employer:            |                     |             |                    |              |
| Work Phone:   |                          |                              | Work Phone:          |                     |             |                    |              |
| Email:  |                          |                              | Email:               |                     |             |                    |              |
| EMERGENCY C   |                          |                              | individuals have p   | ermission to sign   | out this s  | tudent. Please li  | ist at least |
| Contact 1:  | an be contacted if the p | arent/guardian is not avai   | lable.               |                     |             |                    |              |
| Daytime   |                          |                              | -                    |                     |             |                    |              |
| Phone/Extension:  |                          | Pa                           | ger/Cell:            |                     |             |                    |              |
| Contact 2:  |                          | Re                           | lationship:          |                     |             |                    |              |
| Daytime<br>Phone/Extension:   |                          | Pa                           | ger/Cell:            |                     |             |                    |              |
| Contact 3:  |                          | Re                           | lationship:          |                     |             |                    |              |
| Daytime<br>Phone/Extension:   |                          | Pa                           | ger/Cell:            |                     |             |                    |              |
| MEDICAL INFOR   | MATION:                  |                              |                      |                     |             |                    |              |
| Physician:  |                          |                              | ician's<br>e Number: |                     |             |                    |              |
| Medical Alert:  |                          |                              |                      |                     |             |                    |              |
| Note: Abbreviations sl  | hould not be used for    | Medical Alert informati      | ion.                 |                     |             |                    |              |
| Dentist Name:   |                          |                              |                      |                     |             |                    |              |
| Dentist's Phone Nu  | mber:                    |                              |                      |                     |             |                    |              |

In case of emergency and parents, guardians or emergency contacts cannot be reached; the student will be transported to the nearest hospital via EMS.

I have read the Parent/Student Agreement information for participation in East End Elementary's Homework Center. I agree to follow by the guidelines and understand that I will be assessed \$1.00 per minute for every minute that I am late past the 4.00 p.m. closing time for the East End Elementary Homework Center. Parent/Guardian Signature \_\_\_\_\_\_ Date\_\_\_\_\_