

Spartan Summer Academy 2009  
Registration Form

Student Name \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Home School \_\_\_\_\_ Grade Level Completed in June 2009 \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work or cell phone \_\_\_\_\_

\_\_\_\_\_ **NO**, my child will be unable to attend Spartan Summer Academy.

\_\_\_\_\_ **YES**, I wish to enroll my child in Spartan Summer Academy for:

\_\_\_\_\_ Literacy Block (\$100.00 enclosed)

\_\_\_\_\_ Mathematics Block (\$100.00 enclosed)

\_\_\_\_\_ Revvin' Up for the School Year Block (\$55.00 enclosed)

**Please mail registration and fees to OSCAR, Sycamore School District, 245 W. Exchange St., Sycamore, IL 60178**

Person to contact in case of an emergency:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Transportation on Monday, Tuesday, Wednesday and Thursday:**

\_\_\_\_\_ I request bus transportation for Spartan Summer Academy (provided according to District policy).

\_\_\_\_\_ My child will be picked up.

\_\_\_\_\_ My child may walk home after the summer sessions.

I understand that if my child misses any two days per Block, he/she will be IMMEDIATELY dismissed from the Spartan Summer Academy.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_