

Credit Recovery Summer Program
McCormick County School District
Summer Enrollment Form
2015

Student Information		
Last Name _____	First Name _____	MI _____
Grade _____ Date of Birth _____		
Parent/Guardian Information		
Name _____	Name _____	
Relation _____	Relation _____	
Address _____	Address _____	
City _____	City _____	
State _____ Zipcode _____	State _____ Zipcode _____	
Home Phone _____	Home Phone _____	
Cell Phone _____	Cell Phone _____	
Work Phone _____	Work Phone _____	
Emergency Contacts (Other Than Parents)		
Name _____	Name _____	Name _____
Home Phone _____	Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____	Work Phone _____
Signature of Parent/Guardian _____ Date _____		
TRANSPORTATION:		
<input type="checkbox"/> My son/daughter will be a car rider. <input type="checkbox"/> My son/daughter will be a driver. <input type="checkbox"/> My son/daughter will be a bus rider.		
If your son/daughter will be a bus rider, please provide address and directions to your home: _____ _____ _____		
Office Use Only		
Approved _____		Parent Declined _____
Parent Contact: _____ Phone _____ Other _____		