Castlewood/Copper Creek Elementary School Before/After School Registration

Please print: STUDENT NA	ME:			
GRADE:	SEX:	RACE:	BIRTHDAY	
PARENT/GUA	ARDIAN:			
ADDRESS:				
HOME PHON	E NUMBER:		Email address:	
Regular bus nu	ımber:		Student will be picked up:	
Student has pe	ermission to ride wi	th:		
**Please give	e detailed direction	ns to home from /C	Castlewood Elementary:	
Existing Medi	ical Conditions:			
Emerg	gency Contacts:			
NAME:	AME: Relationship to student:			
Phone numbe	ers:			
NAME:			_ Relationship to student:	
Phone numbe	ers:			
		has my permis	sion to participate in the 21 st century Before/	
After School por is cancelled schedule) the	d, there will be No	wood Elementary S	school. I understand that if school dismisses ear ram. If school is on a delayed schedule (snow	
X	PARENT SIGNATURE)		(DATE)	
My child is inte	rested in participat	ing in the following se	essions:	