

ASPIRE



Oakdale Joint Unified School District

168 S. 3rd Avenue • Oakdale, CA 95361 • 209-848-4884

REGISTRATION FORM

Student Name: _____ Grade: _____

Address: _____

Parent Name: _____ Emergency Phone: _____

Parent Name: _____ Emergency Phone: _____

School: Cloverland Fair Oaks Magnolia Sierra View

My child has a medical condition which I want the ASPIRE staff to be aware of.

No Yes, if yes explain: _____

Check only **one** box below:

My child can sign themselves out and walk home

My child must be picked up by myself or other authorized individuals.

For the safety of the students, please notify the ASPIRE staff either by note or by phone if any of the above change.

In case of emergency, the following people can pick up my student*:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

*Note, because of liability and safety issues ASPIRE will not release children to anyone not listed on this form. Attach additional names if necessary.

I grant my permission for any photo or filming taken of my child during his/her participation in ASPIRE activities to be used for purposes that include publication without any compensation to my child, myself, or any parties acting in my behalf.

No, I do NOT grant permission for any photo or filming taken of my child during his/her participation in ASPIRE activities.

I agree to all of the above conditions and the conditions listed in the packet.

Parent/Guardian Signature

Date

For Office Use Only: _____

YES

NO

IMPORTANT: If your child is identified by their site principal for specific academic intervention and consequently, no fee is required, you will be notified of this by the end of August. No fees will be required for your child from September onward. Children not identified for specific academic intervention may continue to attend for the monthly fee.