

2010 ESY Student Registration Form

As we prepare for the ASD Extended School Year, we need to have an accurate database of students attending with correct summer contact information and correct addresses for bus pick up and drop off. Therefore, we have created the registration form to be completed by **the parents/guardians** of student who qualify for ESY via the IEP team decision.

Sending Teacher _____ **Fax this form to: 742-3997**

Student Name _____ DOB _____

Address _____ Home Phone _____

1st Parent/Guardian Name _____

Work Number _____ Cell Number _____

2nd Parent/Guardian Name _____

Work Number _____ Cell Number _____

Bus Pick Up Address _____

Bus Drop Off Address _____

Emergency Contact Person 1 _____

Phone Number _____ Cell Number _____

Emergency Contact Person 2 _____

Phone Number _____ Cell Number _____

I understand that ESY is a half-day session, either in the morning or in the afternoon. I further understand that bussing will be provided either in the AM or PM (specific start and end times are not determined at this time). Although I may request a specific session, I am not guaranteed to receive the specific session requested due to the District's bus routes. I understand that the ESY scheduled days are:

- Tue/Wed/Thu June 8, 9, 10
- Tue/Wed/Thu June 15, 16, 17
- Tue/Wed/Thu June 22, 23, 24
- Tue/Wed/Thu June 29, 30, July 1
- Week of July 5-District Closure-No ESY
- Tue/Wed/Thu July 13, 14, 15
- Tue/Wed/Thu July 20, 21, 22

_____ I accept the Extended School Year (ESY) services as noted in my child's IEP.

Session Preference _____AM _____PM

_____ I am declining Extended School Year (ESY) services.

Parent Signature _____ Date _____