

BLAST Student Registration Form 2020-2021

Student Name

Home Street Address

City

State

Zip

Gender please circle:

 M F

Grade in August 2020

Residency

Student lives with: (check one)

<input type="checkbox"/>	Both Parents
<input type="checkbox"/>	Foster Care
<input type="checkbox"/>	Single Parent Mother
<input type="checkbox"/>	Single Parent Father
<input type="checkbox"/>	Guardian
<input type="checkbox"/>	Other _____

Transportation

After BLAST My child will:

<input type="checkbox"/>	Walk Home
<input type="checkbox"/>	Car Rider
<input type="checkbox"/>	Ride BLAST Bus home:

Delivery address _____

Please list any medical issues your child has such as allergies, medications, limitations to physical activities or special needs that the BLAST staff should know about your child.

Parent or Guardian is responsible for notifying BLAST staff of any changes

Household Information

Parent/Guardian #1 Name-First & Last

Primary Phone #

Alternate Phone #

Relationship

Parent email address

Parent/Guardian #2 Name-First & Last

Primary Phone #

Alternate Phone #

Relationship

Please list any siblings in household who attend other Atlanta schools:

Name of Student

Campus

Grade

Participation Agreement The following is intended to create a safe environment for all student participants:

1. Once a student signs into the after school program, after they are dismissed from school, he or she may not leave the program site, unless prior arrangements have been made with the parent/guardian.
2. Regular attendance is expected. Frequent, unexcused absences may result in suspension from the program to make room for students on the waiting list.
3. Students will follow the behavioral expectations outlined in the District's Student Code of Conduct.
4. Students' test scores, grades, attendance, and discipline may be tracked to adhere to grant guidelines.

I give my permission for my son/daughter to participate in the Atlanta ISD BLAST after school program.

Parent/Guardian Signature

Date