



Summer Connection

Out of School Program

Shasta **H**Health **A**cademic **R**ecreation & **E**nrichment

Making a difference... After School everyday

Student Information

First Name _____

Last Name _____

Home Phone _____

Cell Phone _____

Date of Birth _____

Grade Circle 1 09 10 11 12

In Case Of Emergency

First Contact

Name _____

Phone# _____

Work# _____

Cell# _____

Notes:

Custodial Parent/Guardian

First Name _____

Last Name _____

Phone# _____

Relationship _____

Email Address _____

Address/Information

Street
Address _____

Is the Student enrolled in Regular day Summer School?

Y

N

What School does the student attend?

AHUS _____

New Tech _____

North Valley _____

Oakview _____

West Valley _____