

LAPWAI ELEMENTARY SUMMER PROGRAM REGISTRATION 2025

Please complete both sides of this form.

Student Full Legal Name:

Gender:

Birthdate:

Current Grade:

Student resides with: Mother ☐ Father ☐ Both ☐ other ☐

Household Parent 1:

Relationship to student:

Email Address: (please print)

Physical Address:

Mailing Address:

City: State: Zip Code:

Primary Phone: Message Phone:

Employer: Work Phone:

Household Parent 2:

Relationship to student:

Email Address:

Physical Address:

Mailing Address:

City: State: Zip Code:

Primary Phone: Message Phone:

Employer: Work Phone:

Transportation (Please circle):

-Bus to school

-Bus home from school

-Picked up

-Walk

*Registered students will be considered full-time participants. Changes to daily attendance and/or transportation not documented below will require guardians to notify the school.

Please list any changes to full-time attendance and/or transportation (sport practices, days/hrs. of attendance, etc.):

Please list any special accommodations your child may require and/or food allergies: