Tuesday-Friday	June 1-4	8:00 am - 12:30 pm
Monday-Friday	June 7-11	8:00 am - 12:30 pm
Monday-Thursday	June 14-17	8:00 am - 12:30 pm
Monday-Thursday	June 21-24	8:00 am - 12:30 pm

^{*}Breakfast and Lunch will be provided each day*

Circle the class: Alg	ebra i Algebra	Semester: 1	2
School Last Attended:	Grade y	ou will be in 2021-2022	
Last Name:	First Name:	Middle Name:_	
Student ID #	Birthdate:	Sex: M or F	
Address:(Mailing Address)		(City, State)	(Zip Code)
	Cell Phone #	#	
Parent/Guardian (person who ch	ild lives with):		
Mother/Guardian Work Place:	V	Vork Phone #:()	
Father/Guardian Work Place:	V	Vork Phone #:()	
Emergency Information: Personal the child home when called.	on other than parents to call if you	r child is ill. This person has your pe	rmission to take
Name #1:	Phone #:()	Relationship:	
Name #2:	Phone #:()	Relationship:	
Medical Information:			
Doctor:	Location:	Phone #:()	
Does this child have any disease	e, physical handicap or allergies?	YES NO	
Describe:			
	sion to treat student if an emerg	jency happens at school. Date:	

^{*}Attendance is mandatory and students are only allowed 1 absence. Students with more than 1 absence will be removed from the class without a grade. Students with more than a 15-minute tardy to class will be counted absent.

^{*}Transportation may be provided by Clay Community Schools.

Tuesday-Friday	June 1-4	8:00 am - 12:30 pm
Monday-Friday	June 7-11	8:00 am - 12:30 pm
Monday-Thursday	June 14-17	8:00 am - 12:30 pm
Monday-Thursday	June 21-24	8:00 am - 12:30 pm

^{*}Breakfast and Lunch will be provided each day*

gy ICP	Semester: I	
Grade	you will be in 2021-2022	
First Name: Middle Name:		
Birthdate:	Sex: M or F	
	(City State)	(Zip Code)
Cell Phone		
	Work Phone #:()	
	Work Phone #:()	
her than parents to call if yo	ur child is ill. This person has your p	ermission to take
Phone #:()	Relationship:	
Phone #:()	Relationship:	
Location:	Phone #:()	
ysical handicap or allergies?	YES NO	
to treat student if an emer	gency hannens at school	
to floor ofdering in with our or	gency nappens at school.	
	GradeFirst Name:Birthdate:Cell Phone wes with): ther than parents to call if yoPhone #:()Phone #:()Location:ysical handicap or allergies?	Grade you will be in 2021-2022 First Name: Middle Name: Sex: M or F

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Monday-Thursday	June 21-24	8:00 am - 12:30 pm

^{*}Breakfast and Lunch will be provided each day*

Circle the class: En	glish 9 10 1	11 12	Semester: 1	2		
School Last Attended:	Gra	ade you will be	in 2021-2022			
Last Name:	First Name:		Middle Name:			
Student ID #	Birthdate:		Sex: M or F			
Address: (Mailing Address)		(City, Stat	e)	(Zip Code)		
Home Phone #		one #				
Parent/Guardian (person who ch	nild lives with):					
Mother/Guardian Work Place: _	Mother/Guardian Work Place: Work Phone #:()					
Father/Guardian Work Place:		Work Phone	#:()			
Emergency Information: Pers the child home when called.	on other than parents to call i	f your child is ill.	This person has your perr	nission to take		
Name #1:	Phone #:()		Relationship:			
Name #2:	Phone #:()		Relationship:			
Medical Information:						
Doctor:	Location:		_Phone #:()			
Does this child have any disease	e, physical handicap or allerg	ies? YES NO				
Describe:				-		
Please sign indicating permis	sion to treat student if an e	mergency hann	ens at school.			
Signature:						

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Monday-Thursday	June 21-24	8:00 am - 12:30 pm

^{*}Breakfast and Lunch will be provided each day*

Circle the class: US	History	World History	Semester:	1	2
School Last Attended:		Grade you will be in	2021-2022		
Last Name:	First Na	ime:	Middle Name:		
Student ID #	Birthdate:		Sex: M or F		
Address: (Mailing Address)		(City, State)		(Zip C	Code)
Home Phone #					
Parent/Guardian (person who ch	ild lives with):				
Mother/Guardian Work Place:		Work Phone #	::()		
Father/Guardian Work Place:		Work Phone #:	e()		
Emergency Information: Personal the child home when called.	on other than parent	ts to call if your child is ill. T	This person has your permis	ssion to	take
Name #1:	Phone #:()	Relationship:		
Name #2:	Phone #:()	Relationship:		
Medical Information:					
Doctor:	Location:	P	Phone #:()		
Does this child have any disease	, physical handicap	or allergies? YES NO			
Describe:					
Please sign indicating permiss	ion to treat studer	nt if an emergency happer	ns at school.		
Signature:		Date			

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