

DUE May 12, 2016

TWIN FALLS SCHOOL DISTRICT #411

2016 K – 5 Summer School Registration Form, June 6-29th

Harrison Elementary, 600 Harrison Street 8:30 am-2:30 pm

Student Name: _____ **Current 2015-2016 Grade:** _____

School: _____ **Teacher:** _____

Parent/Guardian Name: _____ **Email:** _____

Address: _____

Phone Number #1: _____ **Phone Number #2:** _____

Emergency Contact: _____ **Phone Number:** _____

Transportation to/from Harrison (circle one) **Walk** **Bus** **Parents** **Other** _____

For Students in Grades K-5

	Comments/Concerns/Areas to Focus on for Summer School:
Math	
Written Language	
Reading	

April/May Fluency Score: _____ **Fall 2015 IRI Score:** _____ **Spring 2016 IRI Score:** _____

LEP: yes/no **IEP: yes/no** **504: yes/no** **Allergies/Medical Needs:** _____

I give permission for my child to attend 2016 Summer School at Harrison Elementary School. I understand that attendance is an important part of helping my child be successful, and will make sure he/she is at school every day, on time.

If yes: _____
Parent/Guardian signature _____ Date _____

Based upon my son/daughter's academic performance, current grades, and/or IRI scores, the school has recommended he/she attend summer school. As his/her parent, I have chosen not to enroll my son/daughter in the opportunity provided. I understand this could result in my student being retained.

If No: _____
Parent's signature _____ Date _____