

STUDENT REGISTRATION / PARENT PERMISSION

Please Print

Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Age: _____ Birth date: _____ Grade: _____ Male Female

Current School _____

Medication (What? Why? When?) _____

Custody issues or other important information: _____

Mother: _____ Father: _____

Daytime phone: _____ Daytime phone: _____

Place of work: _____ Place of work: _____

Sitter's Name: _____ Phone: _____

Sitter's Address: _____

Emergency contact: _____ Phone: _____

Emergency contact must be able to come and pick up your child if you are not available.

I give my permission for my child, named above, to participate in the Extended Reading Intervention Program, which may include Progress Monitoring through the use of AIMSweb.

Parent Signature

Date