

HR # and Grade _____

Sign Out Alert _____

Marietta Community School After School Student Registration Form

Student's Name: _____ Homeroom Teacher: _____
(Last) (First) (MI)

Address: _____ H. Phone: () _____
(Street)

_____ E-Mail Address: _____
(City) (State) (Zip)

Mother's Name: _____ Work Phone: () _____
Cell Phone: () _____

Father's Name: _____ Work Phone: () _____
Cell Phone: () _____

Siblings in ASP: _____

In case of emergency call: _____ Home Phone: () _____
(Other than parent or guardian)

Relationship to child: _____ Work Phone: () _____
Cell Phone: () _____

The following people may pick up my child from the ASP (picture ID required):

Name: _____ Phone: () _____ Relationship to child _____

Name: _____ Phone: () _____ Relationship to child _____

Name: _____ Phone: () _____ Relationship to child _____

Name: _____ Phone: () _____ Relationship to child _____

In case of early school closing due to inclement weather or emergency conditions all bus students will be sent home on their regular buses. If you live in an area not serviced by the buses you must make arrangements to have your child picked up immediately. Announcements are made on the radio when a decision is made to close school, so please listen to the radio when weather conditions indicate.

If school should close because of weather or any other reason, please have my child:

Go home on bus #: _____

Ride/Walk home with: _____

Special Instructions (allergies, diet, medical, etc.): _____

Late _____
Discipline _____
Payment _____

Attendance Schedule (please check one only): Remember – YOUR CHILD MUST BE PICKED UP BY 6:30 P.M.

Daily (every day of the week)

Monday Tuesday Wednesday

Thursday Friday (only days marked)

Attend only with note (it is parent's responsibility to notify)

My child will attend beginning (date) _____

**MARIETTA COMMUNITY SCHOOL
AFTER SCHOOL PROGRAM
SCHOOL ACTIVITIES CONSENT FORM**

This is to certify that my permission is granted for my child, _____, to participate in organized sponsored activities whether on the school campus or away. Therefore, I acknowledge unless gross negligence is involved, the Community School program or Community School officials cannot be held responsible for medical or hospital costs resulting from injuries that might occur by participating in Community School Program sponsored activities or in transportation to or from the place where activities are conducted. Students must be insured to participate in the Community School Program.

Medical Release

____ My child is covered by health/accident insurance

Physician name and phone # and insurance name and policy # _____

I have read or have had read to me the foregoing in its entirety and by placing my signature below do declare that I understand that any cost or injury resulting from participation in school sponsored activities is my responsibility.

Signature

Date

Marietta City Schools
Public Relations Office

PHOTOGRAPH RELEASE

I give permission for my student's photograph or video image to be used in promotional or informational materials or press media through the school system for positive public relations purposes.

Student: _____ School: _____

Parent/Guardian Signature: _____ Date: _____

I have received a copy of the Community School Handbook and understand and agree to abide by the policies therein.

Signature of Parent or Legal Guardian

Date

NOTE: IT IS THE RESPONSIBILITY OF THE CUSTODIAL PARENT TO NOTIFY THE AFTER SCHOOL PROGRAM IF NON-CUSTODIAL PARENT DOES NOT HAVE PERMISSION TO SIGN STUDENT OUT OF PROGRAM.