Western Suffolk BOCES Regional Summer School 2024 Student Registration Form

STUDENT NAME

FEMALE	MALE	DATE OF BIRTH	AGE		
ADDRESS			HOME PHONE		
PARENT/ GUARDIAN NAI PARENT/	ME (PRINT)		WORK/CELL PHONE		
GUARDIAN E-MAIL		EMERGENCY CONTACT	EMERGENCY#		
HOME DISTRICT: Please check one (A shaded box indicates a district is participating in the Regional Summer School)					