



PHILOMATH SCHOOL DISTRICT

Please print legibly and return to Philomath Middle School..

REGISTRATION FORM

STUDENT INFORMATION

Student Name _____
First Name _____ *MI* _____ *Last Name* _____

Home Address _____
Street Address _____ *City, State, Zip Code* _____

Home Phone _____ Cell Phone _____

Email _____ (for confirmation/reminders)

CONTACT INFORMATION

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____

Emergency Contact Name _____ Relationship to Student _____

Emergency Contact Phone _____ Alternate Phone _____

TRANSPORTATION INFORMATION

How will your child arrive to LitCAMP each day? (please check one) _____
Car _____ *Bus* _____ *Walk* _____

How will your child be dismissed from LitCAMP each day? (please check one) _____
Car _____ *Bus* _____ *Walk* _____

ATTENDANCE

Please mark the days you anticipate your child will be absent from LitCAMP:

AUGUST 2022						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SUMMER SCHOOL DATES:

AUGUST 1ST-12TH
9:00 AM - 12:00 PM