



**Three Rivers Union School District  
Summer Academy Application**

(Please print clearly)

Student Name: \_\_\_\_\_ Current Grade \_\_\_\_\_ Gender M\_\_ F\_\_

#1 Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#2 Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information (Has permission to pick up student)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Preferred Session(s): (Circle all that apply)- Space is limited!!**

**Session #1:** Dates: Monday, June 9 - Friday, June 27, 2025 (8 am-5 pm)

No School: Thursday, June 19 (Juneteenth Observance)

**Session #2:** Dates: Monday, June 30 - Friday, July 18, 2025 (8 am-5 pm)

No School: Friday, July 4 (Independence Day)

**How will your student get home after the program day? (There will be no bus route)**

**Answer:** \_\_\_\_\_

**By signing this application, you hereby grant permission for your student to participate in all activities of the Three Rivers Union School District Summer Academy. Students must be currently enrolled!**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only: Date Application Recieved/Accepted \_\_\_\_\_ / \_\_\_\_\_  
Unduplicated \_\_\_\_\_ Wait List \_\_\_\_\_

**Return Completed Application to the Three Rivers Union School Office**