

TRUS

Summer Academy Application 2024

(Please print clearly)

Date: _____

Student Name: _____ Current Grade: ____ Gender: M F

#1 Parent/Guardian Name: _____

Address: _____ City: _____

Zip: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

#2 Parent/Guardian Name: _____

Address: _____ City: _____

Zip: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Other Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Preferred Session(s): #1 June 10-28 (Closed June 19th) # 2 July 1-July 23 (Closed July 4th)

How will your student get home after the program day? _____

Parent/Guardian Pick-up Sibling Aunt/Uncle Other: _____

By signing this application, you hereby grant permission for your student _____
_____ to participate in all activities of the
Three Rivers Union School Summer Academy.

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Date Application Received/Accepted _____/_____/_____ Unduplicated Student Wait List

RETURN COMPLETED APPLICATION TO THE TRUS OFFICE