

Siskiyou Afterschool for Everyone (SAFE)

2024-2025 Enrollment Form

Siskiyou County Office of Education – Expanded Learning



My student will attend _____ school for the 24/25 school year.

Student Information

Complete this section for the student(s) in the same household. Use the back of this form if additional room is needed.

	Student's Legal Name (Last, First)	Preferred Name	Grade as of August 2024	Birthdate	My student is allowed to leave the program by:	Current medical needs, medications, allergies
1					<input type="radio"/> Parent Pick-up <input type="radio"/> Unsupervised Walker <input type="radio"/> School Bus/Van <input type="radio"/> Other:	
2					<input type="radio"/> Parent Pick-up <input type="radio"/> Unsupervised Walker <input type="radio"/> School Bus/Van <input type="radio"/> Other:	
3					<input type="radio"/> Parent Pick-up <input type="radio"/> Unsupervised Walker <input type="radio"/> School Bus/Van <input type="radio"/> Other:	

Parent/Guardian Information

Parent/Guardian One:

Legal Name (Last, First) _____

Physical Address _____

Primary Phone Number _____

Secondary Phone Number _____

Email _____

Parent/Guardian Two:

Legal Name (Last, First) _____

Physical Address _____

Primary Phone Number _____

Secondary Phone Number _____

Email _____

Additional Authorized Persons

I give permission for my student(s) to be released from the program to:

- The adults listed as **Emergency Contacts** on this enrollment form.
- NO ONE** except the Parent/Guardian listed on this enrollment form.

Emergency and authorized persons to pick-up the student(s) other than listed parent/guardian. Student(s) will not be released to any persons not listed on this enrollment form. A photo ID may be required at time of pick up. In case of an emergency the following persons will also be contacted.

	Print Legal Name (Last, First)	Phone Number(s)	Relationships to Student(s)
1			
2			
3			
4			

SAFE is excited to have your student(s) in the program. SAFE provides a place for student academic growth and to keep safe afterschool. By completing this form I acknowledge I am enrolling my student(s) to attend the SAFE expanded learning program. I understand that this form must be completed in its entirety and given to the Site Coordinator before my student(s) can attend. I understand that I will be responsible for picking my student(s) up from the program everyday no later than the scheduled end time. I understand that my student(s) must be signed out each day by me (parent/guardian) or authorized person.

Signature of Parent or guardian: _____ Date _____