

HCPS Summer School Registration Form

Name: _____

Gender: _____

DOB: ____/____/____

Current Grade: _____

School attended: _____

Home Address: _____

Mother's Name: _____

Telephone: (Cell) _____

(Work) _____

Father's Name: _____

Telephone: (Cell) _____

(Work) _____

Guardian's Name: _____

Telephone: (Cell) _____

(Work) _____

Medical Condition (If any): _____
