

Hazleton Area School District

Before and/or After School Kids' Academy Application

Student Name: _____ Student Grade: _____

School in which Student is Enrolled: _____ Student ID Number: _____

Parent/Guardian Name: _____ E-Mail Address: _____

Parent/Guardian Address: _____

Parent/Guardian Phone Number: _____

Emergency Contact Name: _____ Relationship to Student: _____

Emergency Contact Phone Number: _____

Please be specific with regard to:

____ Before and After School ____ Before School ONLY ____ After School ONLY

I agree to the terms and conditions outlined in the Hazleton Area School District Before and After School Academy Handbook.

_____ Date _____

Parent/Guardian Signature

-----OFFICE USE ONLY-----

Total Amount Paid: _____ by cash ____ check ____ money order ____ Date: _____