



Santa Paula Unified School District
A.S.P.I.R.E. After School Program

Office Use only:

- McKinney Vento
- Academics
- Employment

Start Date: _____

Enrollment Form

Name _____ School _____ Date of Birth _____

Grade (2019/20) _____ Gender _____ Address _____

Name of Mother/Guardian _____

Name & Address of Employer _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Name of Father/Guardian _____

Name & Address of Employer _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Lives with (Circle one): Father Mother Both Other: _____

***Do you have court ordered child custody papers, school day drop off/pick up agreements or restraining orders? No/Yes**

If yes, please provide a copy to the program coordinator.

Other siblings being enrolled in the program: _____

Special Education: No Yes If yes, RSP _____ SDC _____ Speech _____ Other _____

Pick Up Contacts:

Only the parents and people listed below are to pick up my child every day from the program. Telephone numbers need to be provided for every person listed. A person must be at least 18 years of age to pick up the student.

Contact (1) _____ Phone # _____ Relationship _____

Contact (2) _____ Phone # _____ Relationship _____

Contact (3) _____ Phone # _____ Relationship _____

I verify that the above information is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of an emergency. In the event that I cannot be reached, I hereby authorize transportation to a medical facility and/or the calling of a physician at my expense to provide the necessary emergency medical treatment.

Parent/Guardian Signature _____ Date _____