



Willard Public Schools 2015 Summer School Kindergarten-8th Grade Enrollment Form

Willard Orchard Hills Elementary

Kara Crighton-Smith, Principal
862-6308 (phone number until May 31st)
869-0600 (phone number June 1st-26th)

Willard North Elementary

Melinda Miller, Principal
742-4639 (phone number until May 31st)
742-2597 (phone number June 1st-26th)

We have an exciting summer school planned this year! It's time once again to enroll for classes that will be educationally valuable. Our classes are free to all students who live in or out of our district boundaries. The classes are scheduled for Monday-Friday, June 1st-26th. The school day will be from 7:30 a.m.-2:00 p.m.

Enrollment sites will be Willard North and Willard Orchard Hills Elementary for students entering K-8th grade. Our Tiger Tales Before and After School Program will be offered for students in grades K-6th during summer school. We will be sending home enrollment forms for this program soon.. Students in grades K-8th will be assigned homeroom teachers to whom they will report to each day. We will also be offering additional special classes for them to attend on a daily basis. (PE, Library, Computer Lab). Students who attend either site will receive free lunch and breakfast everyday.

Please fill out the bottom of this form and return it to your child's school no later than **FRIDAY, MAY 1st**. If your child is NOT pre-enrolled, they will NOT be accepted at summer school. We can always drop your child's name, we will not be able to add them. Your child will receive their summer school assignment packet by May 22nd.. We look forward to working with your child this summer!

Student's Name:	Grade Level Entering: K 1 2 3 4 5 6 7 8
Please circle the school your child will attend: Willard North Elementary Willard Orchard Hills Elementary	
Parent's Name:	Phone Number:
Address:	
Circle School Student Presently Attends: Central East North South Orchard Hills Intermediate Middle School	
COMPLETE ENROLLMENT FORM BELOW ONLY IF STUDENT IS OUT OF DISTRICT	
School District Attends:	Social Security Number:
Parent's Place of Employment:	Work Number:
Emergency Contact:	Phone Number:
Special Health Conditions:	Date of Birth:
Parent Signature:	