Western Suffolk BOCES Regional Summer School 2024
Student Registration Form

STUDENT NAME

FEMALE MALE DATE OF BIRTH AGE

ADDRESS _____ HOME PHONE

PARENT/
GUARDIAN NAME (PRINT) WORK/CELL PHONE
PARENT/

GUARDIAN E-MAIL_____EMERGENCY CONTACT EMERGENCY#

HOME DISTRICT: Please check one (A shaded box indicates a district is participating in the Regional Summer School)