

Western Suffolk BOCES Regional Summer School 2023
Student Registration Form

STUDENT NAME

FEMALE

MALE

DATE OF BIRTH

AGE

ADDRESS _____

HOME PHONE

PARENT/
GUARDIAN NAME (PRINT)
PARENT/

WORK/CELL PHONE

GUARDIAN E-MAIL _____ EMERGENCY CONTACT

EMERGENCY#

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