

# Lakewood Middle School Summer Bridge Program Enrollment Form

*Please complete the following in full. Please print.*

Student's Name \_\_\_\_\_

Student's ID # \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Allergies or Illnesses \_\_\_\_\_

Home Telephone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

***I understand that this program will be governed by standard school rules and policies, including dress code.***

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_