

Sevier Middle School

Art Camp 2018

July 9th -July 12th 9am- 1pm

Student Name:		AGE:
Parent / G	uardian Information	
Name:		Phone:
Address:		
		Phone:
Email:		
Emergency	Contact Information	
Name:		
		Relationship to student:
Phone:		
Name:		
Name.		
		Relationship to student:
Phone:		
Tra	ansportation	
Please tell us how your student will be		nealth issues we should be concerning your child?
getting home on camp days.	aware or c	concerning your crinia:
		School Use Only
Student Signature	Date	Registration
		Paid
Parent Signature	Date	