

FOR OFFICE ONLY:

DSS Form 2900 _____

Registration Fee _____

WARRIOR OVERTIME SIBLING ROOM APPLICATION

Child's Name: _____ Grade: _____ for the school year: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Sex: ___ M ___ F Date of Birth: ___ / ___ / ___

Emergency Phone Number: _____

Custodial Father's Name: _____ Phone Number: _____

Email Address: _____

Custodial Mother's Name: _____ Phone Number: _____

Email Address: _____

Who does the student live with? _____

Copy of Child Custody decree (if applicable) or any legal papers pertaining to parent restrictions must be on file in SCA front office.

CHILDREN WILL ONLY BE RELEASED TO CUSTODIAL PARENTS OR TO A PERSON DESIGNATED BY THE PARENTS ON THE APPLICATION.

Please List Sibling(s) that may pick up child (name and relationship to child):

- (1) _____ Relationship: _____
(2) _____ Relationship: _____
(3) _____ Relationship: _____