



Registration Form
Due May 2, 2025

Student Name: _____

Last

First

M

Mailing Address: _____

Physical Address: _____

Phone Number: _____ Student Date of Birth/Age: _____ / _____

School he/she last attended: _____ 2024-2025 Grade Level _____

Parent or Guardian Name(s): _____

LOCATION: OAK GROVE ELEMENTARY SCHOOL CAMPUS

Transportation (please circle one): Bus Rider Car Drop Off/Pick-Up

Bus pickup will only be from the following locations: **(please circle one)**

FHS

KHS

EES

Pioneer Baptist Church

Chickasaw Gin

No bus pickup at individual residences will be provided.

Does your child have allergies? No Yes (if yes please list allergies) _____

In case of emergency please contact: _____

Home#: _____ Work# _____

Doctor Name: _____ # _____

Permission for emergency treatment:

The West Carroll Parish Summer School Program has my permission to provide transportation to seek emergency medical treatment for my child in the event I cannot be reached and such treatment is necessary. I realize I am responsible for keeping phone numbers and addresses current.

Signature of the Parent or Guardian: _____ Date: _____.

WEST CARROLL PARISH SCHOOLS: *Protecting Student's Personal Data Policy*

West Carroll Parish Schools celebrates their students' accomplishments publicly on the parish website, social media, accounts, in local news media, at sporting events, etc. Information about the student and a photo may be included in and on these venues. The information shared is limited to the student's name, school, grade, and other relative information. WCPSB takes very seriously the protection from publication of any sensitive data concerning all students.

_____ I will allow West Carroll Parish Schools to publish my student's information and/or photo.
Parent Signature

_____ I will NOT allow West Carroll Parish Schools to publish my student's information and/or photo.
Parent Signature