

Community School Registration Form

Participant's Name: _____

Date of Birth (for Driver's Ed only): _____

Home/Cell Phone: _____

Work Phone: _____

Emergency Contact and Phone: _____

Email Address: _____

Name of Program: _____

Date: _____

Fee: _____

Name of Program: _____

Date: _____

Fee: _____

TOTAL AMOUNT DUE: _____

Amount Paid by Cash:

Check #:

Checks should be made payable to GRAYSON COMMUNITY SCHOOL

Gwinnett County Public Schools wishes to advise you that the activity selected or enrolled in by you or your child could result in some degree of physical injury. Gwinnett County Public Schools does not have, nor is it required to have, insurance for such accidents. It is therefore incumbent upon you to properly insure yourself or your dependent. As parent, guardian or participant in Gwinnett County Public Schools Community School program it is your responsibility to provide for such exposure. By signing below as parent, guardian or participant, you acknowledge your responsibility to secure or provide proper medical coverage.

Parent/Guardian Name (Please Print): _____

Signature (Parent/Guardian if under 18): _____

Submit registration and payment at least one week prior to the first day of class.

Please note: DATES ARE SUBJECT TO CHANGE. (However, all students registered for a particular class will be notified of any change.)