

Transfiguration School 2024 Summer Camp Application

Student Information:

Full Name: _____ Grade(Current): _____

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Full Name: _____ Grade(Current): _____

Name of school currently attending:

Parent/Guardian Name:

Contact Number:

Email Address:

Address:

Emergency Contact Information:

Contact Name:

Relationship to Student:

Contact Number:

Medical Information:

Does the student have any allergies or medical conditions we should be aware of? If yes, please specify:

How did you hear about our summer school program?

Is there anything else you would like us to know about your child? (Academic, Social or Emotional Challenges or concerns?)

Please place a check mark by the weeks your child will be attending summer school.

- Week 1: June 12 - June 14
- Week 2: June 17 - June 21
- Week 3: June 24 - June 28 (Benkadi Camp)
- Week 4: July 1 - July 3
- Week 5: July 8 - July 12

Please place a check mark for after care.

- After Care
- No After Care

Please note if you attend another school, please submit the most recent report card.

FOR OFFICE USE ONLY

Date application accepted:

Weeks student is attending summer school.

Report card from previous school.

FORM OF PAYMENT

Registration:

Tuition:

Notes:
