



S. W. A. T.

(Summer School with A Twist)

Southside Elementary School
 1307 Charles D. Jones Blvd.
 Lake Providence, LA 71254
 318-559-0325 FAX 318-559-5853

Student's Name: _____

Name of Parent or Guardian: _____

Address: _____

Workable Phone Number(s): _____

School Student is Presently Attending: _____

Student's Birthdate & Age: _____ Student Present Grade: _____

Will Student Require Accommodations: YES NO

If Yes, please give a brief description: _____

Will Student Require Bus Transportation to and from Summer Camp? YES NO

If YES, Please Provide an Address where the student is to be picked up: _____

(The address that is provided will be where the child will be picked up and dropped off daily)

Please List Three Emergency Contacts:

Name	Address	Phone Number
1		
2		
3		

It is mandatory that any student who has failed ELA or Math must attend Summer Camp Remediation to receive intensive remediation over the summer to catch up on lost learning. It is a possibility that the student may be retained if they do attend Summer Camp Remediation.

I understand that **I MUST** enroll my child in the S.W.A.T Summer Camp to be considered for acceptance.

If accepted, I understand that my child will be dismissed from the program if any disciplinary issues arise.

Parent's Signature

Date