

Syracuse City School District Bellevue Elementary After School Skills Program

2021-2022 After School Program Application

Tuesday-Wednesday-Thursday

2:00 PM-4:30 PM

Yes! I would like my child enrolled in the Bellevue Elementary After School!

Student First Name _____

Student Last Name _____

DOB: _____

Grade (Circle One): K 1 2 3 4 5

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Email Address: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Transportation:

Pick Up/Walker [] Bus (If eligible) []

Please select one student option by placing an X on the line if applicable:

_____ I will pick my child up at school.

_____ I give my child permission to walk home from school.