

REGISTRATION

Student's Name: _____

Current Grade: _____

Current Teacher: _____

Parent's Name _____

Home Phone _____

Cell Phone: _____

Work Phone; _____

Physical Address: _____

Mailing Address: _____

City/Zip: _____

Emergency Contact and Phone: _____

My child will: ___ ride the bus ___ be picked up

Bus Stop: _____

The following person(s) may pick up my child: _____

JUMP START TUITION: \$50.00

(Attendance at both weeks required)

_____ Enclosed is \$ _____

You may pay in full now, or apply for the scholarships listed below.

_____ I need a partial scholarship

_____ I need a full scholarship

Parent/Guardian Signature Date

Return registration form and enrollment fee to school by Friday, June 6, 2008 or mail to:

UPE Jump Start Program
Manitou Springs School District #14
405 El Monte Place
Manitou Springs, Colorado 80829

For further information contact Dr. Deb Yagmin at 685-2215 or Assistant Superintendent Beth Campbell at 685-2024.