

Franklin Public Schools – Lifelong Learning Institute  
**Summer 2017 Registration Form**

Please fill out the registration form and mail it with payment to: Franklin Public Schools, Lifelong Learning Office, 355 East Central Street, Franklin, MA 02038. Class size is limited and based on receipt of registration/payment. Please use one registration form per student.

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**Student Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade Entering Fall 2017 \_\_\_\_\_ School Entering Fall 2017 \_\_\_\_\_ Gender \_\_\_\_\_

What size t-shirt does the student wear? Please circle one – Child: S M L Adult: S M L XL XXL  
*(T-shirts for Music, High School Experience, Solutions, Math Academy, STAR Programs only)*

Is the student on an IEP? YES \_\_\_\_\_ NO \_\_\_\_\_ Is the student on a 504 Plan? YES \_\_\_\_\_ NO \_\_\_\_\_

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**Medical Information:**

Please list any allergies, medical conditions, or special circumstances that may affect the student during this program: \_\_\_\_\_

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Has the student been prescribed an: EPI Pen: YES \_\_\_\_\_ NO \_\_\_\_\_ Inhaler: YES \_\_\_\_\_ NO \_\_\_\_\_

I give permission for Franklin Public Schools Staff to render first aid as deemed necessary: YES \_\_\_\_\_

I agree if transportation can not be provided, and the student is seriously ill or injured, an ambulance may be called. Expense incurred as a result of emergency ambulance use will not be borne by the Franklin Public Schools: YES \_\_\_\_\_

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**Parent Information:**

Parent/Guardian Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

