

Franklin Public Schools – Lifelong Learning Institute

Summer 2017 Scholarship and Registration Form

Please fill out the registration form and mail to: Franklin Public Schools, Lifelong Learning Office, 355 East Central Street, Franklin, MA 02038 or email it to: lifelong@franklin.k12.ma.us. Class size is limited and based on receipt of and acceptance of scholarship.

Please use one registration form per student.

Please select your Summer Program from the list below (refer to website Franklinlifelonglearning.com and the summer program for description of classes).

- Code to the Future ~ Class: _____
- Common App Bootcamp
- Forensic Science ~ Class: _____
- High School Academic Support ~ Subject _____ Course _____
- Oceans of Fun 1 ~ Session: _____
- Ready Set Kindergarten ~ Session: _____
- Star ~ Week: _____ Class: _____
- Summer Art Institute ~ Class: _____
- Summer Math Academy ~ Grade Entering in the Fall: _____
- Summer Music Program ~ Ensemble: _____

- Exploratory: _____ First Choice (Band/Strings only): _____
- Summer Musical Theater
- Writing Your College Essay ~ Session _____

Eligibility:

1. Student must be a Franklin resident and attend Franklin Public Schools.
2. Students are eligible for one scholarship per summer.
3. Scholarships are awarded on financial need.
4. Scholarships have no cash or refund value and are only valid for this summer.
5. Scholarship applications are due no later than June 2, 2017.

Does your child qualify for free/reduced lunch?

- Yes
- No

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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 _____

Medical Information:

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

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 cannot 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 _____

Parent Information:

Parent/Guardian Name: _____

Address (if different): _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____

Parent Signature: _____ Date: _____