



MIAMI-DADE COUNTY PUBLIC SCHOOLS

STUDENT REGISTRATION FORM: TALENTS AFTERSCHOOL ENRICHMENT PROGRAM

SCHOOL YEAR: 2022-2023
NAME OF SCHOOL: Riviera Middle LOCATION NUMBER: 6801

STUDENT NAME: _____ STUDENT DSIS NUMBER: _____
LAST, FIRST

AGE: _____ GRADE: _____ REGISTRATION DATE: _____

HOME ADDRESS: _____
ADDRESS CITY STATE ZIP CODE

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ E-MAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME: _____
LAST, FIRST

CONTACT'S RELATIONSHIP TO STUDENT: _____

HOME ADDRESS: _____
ADDRESS CITY STATE ZIP CODE

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ E-MAIL ADDRESS: _____

PERSON/S AUTHORIZED TO PICK UP CHILD:

LAST, FIRST LAST, FIRST LAST, FIRST

STUDENT HAS PARENT/GUARDIAN PERMISSION TO WALK HOME: YES NO

OTHER DISMISSAL ARRANGEMENTS: _____

IN THE EVENT THAT NO PARENT OR GUARDIAN CAN BE CONTACTED, I GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT. YES NO

SPECIAL NEEDS / OR OTHER PARENTAL INSTRUCTIONS:

PRINTED NAME OF PARENT / GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____