Stephenson Middle School Title I Strong Academy 2023-2024

Session I: October 3rd – December 15th
Session II: January 9th – March 21st

APPLICANT INFORMATION									
Name:		Grade:							
Date of Birth:		Email:							
Current Address: (Include city and zip code)									
Home Phone:		Work P	Work Phone: Cel			Cell:			
		Emerge	ency Conta	ct I	nformation				
Name of Relative:									
Current Address: (Include city and zip code)									
Home Phone:	Worl	Cell:							
		7	Futorial Att	enc	lance				
Tuesday		Yes	No	Thursday		Yes	No		
Statement of Commitment									
Commitment Statement: I will ensure that my child maximizes his/her chances of success to move to the next grade level. I commit to being a dedicated and active participant in the academic success of my child. My child will adhere to the rules and regulations outlined in the DCSD Student Code of Conduct and follow the designated schedule of the Stephenson Middle School Title I Strong Academy.									
Additional Information									
Please provide us with any medical or learning concerns your child may have, such as IEP, 504, asthma, allergies, etc.									
Signatures									
Signature of Applicant:					Date:				
Signature of Parent/Guardia	Guardian: Date:								
Principal: Dr. Rasheed Booker API: Mrs. Camisha Campbell Coordinator: Mrs. Harriet Woodard							ard		