AL-BUSTAN CAMP 2010

REGISTRATION FORM

Student Name(s) **Grade(s) in Fall 2010** **Birthdate(s)**

……

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Special Needs

……

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Address

……

……

Home Telephone

……

E-mail

……

Parent/ Guardian Name(s) **Cell or Work Telephone**

……

……

Do you need assistance with transportation? **Yes** **No**
(We will contact you to make individual arrangements.)

RETURN COMPLETED FORMS TO:

Leonora Cravotta
Director of Development
Independence Charter School
1600 Lombard Street
Philadelphia, PA 19146
(215) 238-8000, ext. 2430
leonorac@independencecharter.org

REGISTRATIONS MUST BE RECEIVED BY FRIDAY, JUNE 18!