

ANGELICA INFANTE-GREEN
Commissioner



Providence Public School District
Office of the Superintendent
797 Westminster Street
Providence, RI 02903-4045
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www.providenceschools.org

JAVIER MONTAÑEZ
Superintendent

Please complete and return to the school / students' teacher no later than Monday, May 9, 2022

Student's Name: _____ **Current Grade:** _____

Home Address (summer transportation will be based on this address):

Home School: _____ **Homeroom Teacher:** _____

Skyward Student LASID: _____

For students entering 7th or 8th grade, circle the mathematics course you will be taking:

Math 7 Math 8 Algebra 1

Is the student a Multilingual Learner: **Yes** **No**

Does the student have: **504** **IEP**

Parent/Guardian Contact Information

1st Contact Name: _____ **Phone Number:** _____

2nd Contact Name: _____ **Phone Number:** _____

Email: _____

Preferred Language to receive communication (if other than English): _____

Please check one of the following and place a check in all appropriate locations on this form:

I AGREE to have my child attend the Providence Summer Learning Program

My child will be picked up from school by: _____

My child will require transportation

My child will walk home (additional form required if age 8 or younger)

[K8 Summer Learning Program 2022 Transportation Release Form English.docx](#)

I DO NOT wish for my child to attend the Providence Summer Learning Program

Parent/Guardian Signature

Date