

METAMORA COMMUNITY CONSOLIDATED SCHOOL DISTRICT 1

815 East Chatham, Metamora, IL 61548-0552 <http://mgs.metamora.k12.il.us>

MAIL IN REGISTRATION FOR THE 2016-2017 SCHOOL YEAR

Easy Mail-In or Drop Off* Directions: (Please Mail or Drop Off After July 1, 2016!)

1) UPDATE YOUR FAMILY INFORMATION/EMERGENCY FORM (YELLOW). The registration form will show the grade/homeroom for the 15-16 school year. These will be updated when teachers are assigned in August. Teachers will not be assigned this year until August as we are closely monitoring class sizes. **PLEASE CORRECT THE FORM WITH CHANGES AND ADD ANY EXTRA INFORMATION YOU WANT, LIKE ADDITIONAL EMERGENCY CONTACTS, ON THE BACK OF THE FORM.**

2) ENCLOSE YOUR REGISTRATION FEE check of: \$130 for all students. Families that are eligible for Free/Reduced Lunch need not send in fees, but please mail in your updated family information/emergency form.

3) MAIL: This form with signature, updated Emergency Form, and your check to MGS
To: Metamora Grade School 815 Chatham, Metamora, IL 61548-0552 or
PUT IN DROP BOX BY THE FRONT DOOR.*

NEW FAMILIES MUST REGISTER AT THE SOUTH SCHOOL OFFICE AND PROVIDE PROOF OF RESIDENCY.

Summer Office Hours: May 26-June 3* 7:00 a.m.-3:00 p.m.
* (Office hours subject to change. Please call before coming in.)
June 7- June 30 (Tues., Wed., & Thurs. only) 7:00 a.m.-11:00a.m.
Week of July 4-July 8 -Office Closed For Vacations & Cleaning
July 12 - July 28 (Tues., Wed., & Thurs. only) 7:00 a.m.-11:00am.
August 1-August 12 7:00 a.m.-3:00 p.m.
August 15 through end of school year 7:30 a.m.-4:00 p.m.

PERMISSION GRANTING,

Medical Information - I grant permission for Metamora CCSD#1 offices to share medical information with district staff as needed.

_____ Yes _____ No Please initial _____

Student Directory - I grant permission for Metamora CCSD#1 offices to publish name/address/phone information in the district student directory.

_____ Yes _____ No Please initial _____

Birth Certificate - I provided Metamora CCSD#1 a certified copy of my student's birth certificate.

_____ Yes _____ No Please initial _____

E-MAIL ADDRESS _____

The district uses e-mail to communicate event information, calendar updates, teacher correspondence, and lunch balances. *The district will not share or sell your e-mail address.*

I have reviewed, corrected, and provided the information and fees required by Metamora CCSD #1

Parent/Guardian Signature _____ Date _____

Please provide any comments or suggestions on the back of this form. Thank You.

Best wishes for summer break and next school year!
Superintendent Marty Payne and Metamora CCSD #1 Administration