## Fill out & submit new form

## To fill out & submit a new form for the 24-25 Before and/or Afterschool programs...

1. Click on the link for the form you'd like to submit. This is posted on the TR page (shown here):



2. Type in your name (the parent/guardian's name) & email and click "Go to form"

*Note*: You are not logging in; you are simply associating your name & email with your form

2024–25 EXLP After School	TwinRivers	20 EXPAN	4-2025 STUDENT E	NROLLMENT FOR	
Enrollmont Forms	Exclude Name	Million Texas	STLOENT RECEIPTION (IN	PORMICON DEL ALUMO	Data of Beth
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	Home School (Consol)	Grade	Statent D # (File Alama)	Home U Johnna J	Application #
	Home Address (Develop)		Appliant #	City	Zp Cade Chile Prest
YOUR FULL NAME / SU NOMBRE COMPLETO	Does the student have	e permanent housing?	the student in faster care?	is the s	Ludent an English Language Learner
Derent/Cuerdian Nome		17.00N	MEDICAL INFORMATION SPE INCOMINGNA INTERNATION	CAL NEEDS & OTHER PRO	olvus mit
Falent/Guarulan Name	Please indicate if any the four indicate is agree these the student has	of the following apply to the on the repetertien order of entering a second particular of an and the	Audert.		YesNo Please describe: (Strin) (Performancing)
	Does the student have	e an active 504 Accommode	(antel) kns Parl?		
	Does the student have	e an active Behavitr Interve tende Interventin de Congestion	tion Plan (BP)?		
YOUR EMAIL / SU CORREO ELECTRONICO	Dies he suden of	e health concerns or medica	reeds that may impact their ;	participation in the	
	program? Does the student have	e any known altergies or alle	pc mactions?		
parent/guardian email addresss	Does the student reg Additional information	are medication(s) that need about the student and supp	obe administered during after rts needed. Please describe	r school program hours? below:	
		Pale	CONTRACTOR NOTION	AND MARK CONTRACTOR	100
Enter to receive confirmation of submission.	device of the Name	(Apriling	Sustaining to 1548 Photo Susciences (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	testing (Fig. 3c, Sterry	Enter Addess [
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		STUDENT REI	EASE AUTHORIZATION (OT	THER THAN THE PARENT	SLAIDAN
Go to form, ir diformulano	Fundersiland that my person felled to pick i	child must be signed out of t ap my child from the program	e program every day by an a including in the case of an er	uthorized adult (18 years a mergancy distanting of an	nd older with wald photo (D). I author
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3. Fill out your form. Any required information will be marked in red. Be sure to check for accuracy before submitting. You can <u>save progress</u> if you need to go back to it later and want to save what you've already completed. When ready, click the

red "Continue" bu	tton. Iug de inscripcion es precisa y completa a mi leai saber y entender.	
Parent/Guardian Full Legal Name	Parent/Guardian Signature	Date
Nombre Legal Completo del Padre/Tutor	Firma del Padre/Tutor	Fecha
	Signed!	5/20/2024
A copy of		it profile.
Continue		Rev. 4/924

- 4. You will be taken to the routing page and will be asked to select the next recipient choose the recipient TR Expanded Learning Programs (<u>expandedlearning@trusd.net</u>) and click the red "**Send to this recipient**" button.
- 5. You're all done! On the confirmation page, you have the

Thank you for submitting your form! A View/Print PDF * See my completed form								
What do you think abo Select all that apply	What do you think about this e-form? Select all that apply							
Easy to use	Environmentally friendly	Saves time	Other					
Suggestion box Feedback will be shared with the district. Do not include time sensitive questions.								
			i.					
			Send suggestion					

option to see your completed form or download a PDF copy.