



Student Information Form

Please print neatly

CASSC Staff

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CASSC Executive Coordinator
Carolyn Leon-Palm,
CASSC Assistant Coordinator

Student's Name: _____
(first) (last)

Student's Age: _____ Current Grade: _____

School District: _____

Parent/Guardian's Name: _____ Parent phone _____

Parent e-mail : _____

Student Email Important! Please provide email address Zoom Link will be sent to:

SIGNATURE OF PARENT OR GUARDIAN

DATE

PLEASE NOTE: The student named above will not be registered in a seminar class until this form has been completed by a parent or guardian and submitted to the CASSC office by the school district at the time of registration.