

VENUS MIDDLE SCHOOL BULLDOG ACADEMY REGISTRATION

Student Name:		Grade:
My child has	permission to attend [Bulldog Academy after school tutorials.
depart the M provided afte my child in or	liddle School campus er that time. I also und	Is at 5:00 pm and that my child must promptly, as supervision will not be derstand that good conduct is required of dog Academy after school tutorial dos for dismissal.
Printed Name	e of Parent/Guardian	Signature of Parent/Guardian
Parent/Guard	dian Home Phone#	Parent/Guardian Cell Phone#
Parent/Guard	dian Work Phone#	
Name of Emergency Contact		Emergency Contact Phone#
My child will	attend Bulldog Acade	my on the following days:
Monday	Tuesday	Wednesday
My child I will pro	c one of the following d will ride the bus hom wide transportation fo d has permission to wo	e

This completed registration form should be returned to your child's Advisory teacher or to the VMS office. If you have questions regarding Bulldog Academy, please contact Mr. Vollmer, VMS Bulldog Academy Coordinator at 972-366-3358 or bvollmer@venusisd.net.