

Cooperative Summer School Registrar Account Information

Please complete this form and email it to: Cooperative_SummerSchool@boces.monroe.edu

First Name

Last Name

Email Address

Work Phone

Cell Phone (Optional)

District

School

Your Role:

Cooperative Summer School Site:

Can you be reached during the summer?

Yes

No

If NO, whom may we contact with questions regarding Cooperative Summer School student registrations?

First Name

Last Name

Title

Phone Number

Email Address