



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of the Chief Academic Officer

Afterschool Contact Information - Addition/Revision Form

Please provide updated contact and/or pick-up information for the DCPS Afterschool Program below.

School: _____

OSTP Afterschool Representative: _____

Contact Information

Student Name:	Cell Phone:	Work Phone:
Parent/Guardian Name:	Home Phone:	Email:

Pick-Up Information

	Name	Relationship
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Parent/Guardian Signature

Date

OSTP Afterschool Representative Signature

Date