FIRST NAME
LAST NAME
ADDRESS

DID YOU APPLY FOR THE MAYORS PROGRAM?

[ ] yes  [ ] no

BIRTHDAY
CURRENT MIDDLE SCHOOL
PARENT/GUARDIAN NAME (PRINTED)
PARENT/GUARDIAN EMAIL
PARENT/GUARDIAN PHONE #
PARENT/GUARDIAN SIGNATURE

PLEASE RETURN THIS REGISTRATION FORM THROUGH INTERSCHOOL MAIL TO:

Rob Kelley     Jesse Sparks
rkelley@cpsd.us  jsparks@cpsd.us
CRLS Main Office  CRLS Main Office

**Rise Up participants are welcomed to attend several field trips throughout the program including tours of several nearby universities using MBTA T trains and a walking scavenger hunt throughout Cambridge. This registration form serves as permission to attend those field trips with all the standard CRLS field trip policies and procedures.**