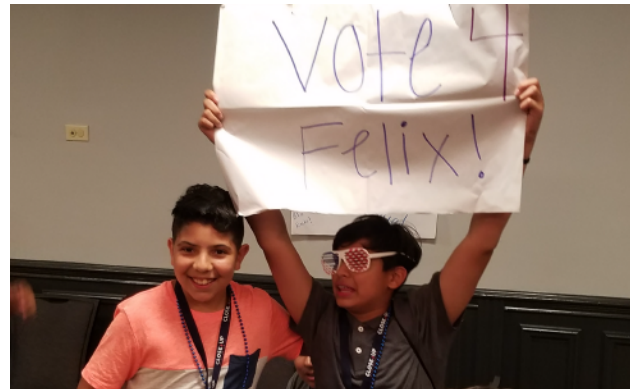
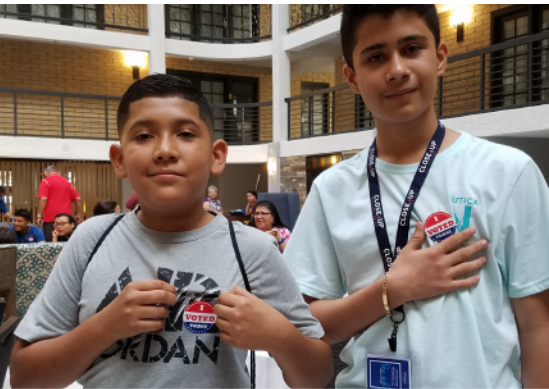
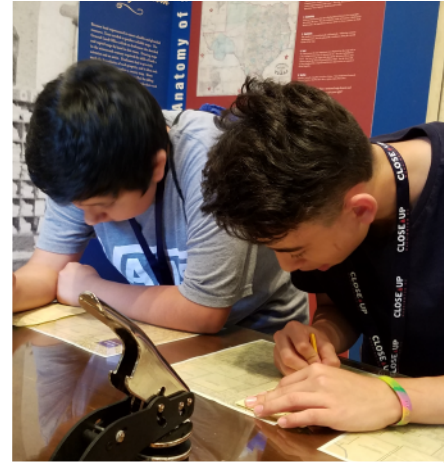


SUMMER ENRICHMENT PROGRAM

CLOSE UP
A U S T I N • T E X A S



Please complete the information below
and submit it to the Multilingual Programs Department.
Hope to see you this summer!



Name: _____

Address: _____

HISD Student ID: _____

School Attended: _____

Phone Number: _____

Grade Level: _____

Emergency Number: _____

Parent's | Guardian's Name: _____

Allergies: _____

Special Dietary Restrictions: _____
