



Stone Bridge High School Educators Rising Membership Enrollment Form

Student Name: _____

Home Phone: _____ Cell Phone: _____

Student Email Address: _____

Student Address: _____

Parent/Guardian Email Address: _____

Graduation Year: _____ Birthday: _____ Gender: _____

We communicate via REMIND text messages, to sign up text @edrisingsb to 571-982-7945

Circle Correct Response:

Grade Level	9	10	11	12	
Race	Caucasian	Hispanic	African American	Asian	Other

1) Place a number 1-3 next to each school to indicate your order of preference, with 1 being your first choice. It may not be possible for everyone to have their first choice.

___ Sanders Corner ___ Belmont Station ___ Cedar Lane

TRAVEL: YOU PROVIDE YOUR OWN TRANSPORTATION TO THE ELEMENTARY SCHOOL – SOME DAYS BUSES RUN FROM THE ELEMENTARY SCHOOL TO STONE BRIDGE. Check the correct response below:

Do you have your ___ own transportation to SBHS or do you need to ___ take the bus to SBHS.

2) Have you been in Educators Rising before? YES NO

If yes and you would like to keep the same teacher, please provide teacher name, grade, and school and preferred day of week:

Teacher: _____ Grade: _____ School: _____ Weekday: _____

3) Place a number 1-6 next to each grade level to indicate your order of preference, with 1 being your first choice. Note: there is limited availability for each grade.

Kindergarten ___ First Grade: ___ Second Grade: ___
Third Grade: ___ Fourth Grade: ___ Fifth Grade: ___ Special Education: ___

- ✓ Educators Rising Dues are \$20,00 and are due WITH this application.
- ✓ Educators Rising T-shirts are \$10.00 (**optional**) Circle Size: S M L XL XXL XXXL
- ✓ **Total \$30.00. Checks should be made payable to Stone Bridge High School**

(NOTE: additional information and details on students fees can be found on SBHS main webpage under Quick Links-Fees and Payments)

I agree to be a responsible member of the SBHS Educators Rising. This entails tutoring regularly at an elementary school in the mornings.

Student Signature: _____ Date: _____

Please complete the back of this form!

For Accounting Purpose Only DO NOT COMPLETE THIS SECTION

Date Rec'd: _____ Cash: ___ or Check #: _____ Amt: _____ Initials: _____

Entered in database: _____ On Remind: _____ Assigned in Signup Genius: _____

Name: _____

Class Schedule		Locker #	
Period	Class Name	Teacher	Room#
1			
2			
3			
4			
5			
6			
7			
8			
	Advisory		

Are you considering a career in the field of education? YES or NO

REMINDER:
To stay informed signed up for
Remind messages
Text @edrisingsb to 571-982-7945

***** Please return to room L514 in the
Educators Rising inbox to the right as you walk
in the door *****