

"Summer Olympics"

Summer School 2024
Enrollment Deadline May 10th

Grades 1-8 ENROLLMENT FORM

Students entering 1st gr. through 8th gr. in the Fall of 2024

I. STUDENT INFORMATION – (PLEASE PRINT)

Please use the student's legal name.

LAST

FIRST

MIDDLE

Date of Birth ____/____/____ (**Please enter correct date**) Race _____
Month Day Year Asian, Black, Hispanic, Amer. Indian, White, Native Hawaiian

____ Male ____ Female School attended and completed May 2024 _____

Home Address _____ Home Phone # _____

City _____ State ____ Zip _____ Email _____

Parent/Guardian _____ Relationship _____

Cell # _____ Work # _____

Parent/Guardian _____ Relationship _____

Cell # _____ Work # _____

Emergency Contact _____ Relationship _____

Home# _____ Cell # _____

II. GRADE LEVEL ENROLLMENT

ALL COURSES ARE CONTINGENT ON ENROLLMENT AND TEACHER SELECTION.

PLEASE CHECK GRADE LEVEL THE STUDENT WILL BE ATTENDING IN THE FALL 2024:

____ 1 ____ 3 ____ 5 ____ 7

____ 2 ____ 4 ____ 6 ____ 8

III. TRANSPORTATION - (provided to students who reside in De Soto District only)

Bus Transportation

Will your child be riding the bus? Yes ____ No ____

Transportation Address if different _____

Sunrise Optional Bus Stops:

____ Agape Church (Athena) ____ SMCI (Vineland) ____ Summer Set Back Gate (Vineland)

Other Transportation

____ Walk ____ Car Other _____

Parent/Guardian Signature _____ Date _____

PLEASE COMPLETE THE HEALTH FORM ON THE REVERSE SIDE

IV. Health Form

Student's Legal Name

(PLEASE PRINT) LAST FIRST MIDDLE

Date of Birth _____

Other Family Members Attending Summer School _____

Guardian (s) _____

Home Phone _____ Work Phone _____ Cell _____

Emergency Contact _____ Relation _____ Home # _____

Work # _____ Cell # _____

Alternative Emergency Contact _____ Relation _____ Home # _____

Work # _____ Cell # _____

Does your child have an I.E.P.? ___ Yes ___ No

If yes, please specify the program and teacher name _____

Health Problems or Concerns ___ Yes ___ No

If yes, please describe in the space below any vision or hearing difficulties, diabetes, asthma, seizure disorder, allergies, activity restrictions, orthopedic problems, mental/health concerns, or special health procedures that will need to be carried out during regular Summer Adventure hours.

Is your child currently taking medication at home or school? ___ Yes ___ No Medication _____

Is your child allergic to anything? ___ Yes ___ No If, yes, please identify _____

Will your child need medication during Summer School hours? ___ Yes ___ No
(If yes, the child must have a medical form on site.)

Name and phone number of student's physician (s) _____

Hospital Preference _____

In case of an accident or serious illness, I request school personnel to contact me, alternate authorized persons, or the named physician. If it is impossible to contact me, authorized persons, or the physicians, the school personnel may make emergency arrangements as necessary to care for my child.

Parent/Guardian Signature _____ **Date** _____