

# Gasconade County R-1 Summer School Enrollment Information

\*Please complete one form for each student and return to school promptly!

Grade Entering: \_\_\_\_\_

Which school did your child attend: \_\_\_\_\_

If your child will be in kindergarten, where is your child registered: \_\_\_\_\_

Name – Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birth date \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street, Route, Box Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address of Residence (if different from the mailing address) \_\_\_\_\_

Best Contact Number \_\_\_\_\_ Alternate Number \_\_\_\_\_ County of Residence \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Is there anyone who is NOT allowed to pick up your child? (please circle) YES NO

Name of person: \_\_\_\_\_

\*\*If someone is not allowed to pick up your child, the school needs documentation, such as a court order, stating this.

Person(s) to contact in case of emergency if parents can not be reached:

\_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Brothers and/or Sisters in Summer School (please list name & grade entering):

\_\_\_\_\_

\_\_\_\_\_

Transportation: (Check ONE of the below options. Make sure you specify to and/or from school if you will provide transportation.)

\_\_\_\_\_ I will provide transportation for my child. \_\_\_\_\_ TO School \_\_\_\_\_ FROM School

\_\_\_\_\_ I would like bus transportation for my child. (Child must either be picked up or dropped off at a location specified on the summer school bus schedule, or along the route between the listed pick-up points. Please refer to bus schedule included in summer school packet for routes.)

PICK-UP point: \_\_\_\_\_

DROP-OFF point: \_\_\_\_\_

CUSTODIAL PARENT(S) SIGNATURE

Father \_\_\_\_\_ Mother \_\_\_\_\_

Date Signed: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

(OVER)

# HEALTH EMERGENCY

Student \_\_\_\_\_ Grade Entering \_\_\_\_\_  
Last Name First Name

Parent/Legal Guardian \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Emergency contact, if parent/guardian cannot be reached: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any medical conditions or restrictions? YES NO  
If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any known allergies? YES NO If yes, list: \_\_\_\_\_

Is your child on ANY medications? YES NO If yes, list: \_\_\_\_\_

If yes, does daily medication need to be given during summer school hours? YES NO

Does your child have any hearing problems? YES NO

Does your child have any vision problems? YES NO

**\*\*If medications of any kind are given at school, a PHYSICIAN AUTHORIZATION FORM must be signed and renewed for each school year!**

*In case of 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 physician, the school personnel may make emergency arrangements as necessary for my child.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete and return to school promptly.*