

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.)

CUSTODIAL PARENT(S) SIGNATURE

Father Mother

Date Signed: _____ E-MAIL ADDRESS: _____

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.