



21st CCLC SUMMER School Application

Meridian CUSD 101

July 20th thru July 31st

Name: _____ Race: _____

Sex: Male ___ Female ___ Date of Birth _____

Phone 1: _____ Phone 2 _____

Current Address: _____

City: _____ State _____ Zip Code _____

E-mail _____

Grade Level kg ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ 8th ___

___ Freshman ___ Sophomore ___ Junior ___ Senior

Emergency Contacts

Name (Parent/Guardian/other) _____ Phone _____

Parent Contact Information

Father/Mother/Step/Guardian _____

Address _____

Work _____ Cell _____ Home _____

Medical Conditions of Which Project should be Aware _____

We have read and initialed all of the statements on the reverse and agree to abide by all.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian: _____ Date _____

I give 21st Century permission to use photos of my child for promotional purposes within the scope

Of the Summer School Enrichment Program. Yes ___ No ___

Signature of Parent/Guardian: _____ Date: _____