

# Student Application Form

SECTION #1 – STUDENT INFORMATION (Please Print)			
Student surname:	First Name:	Initial	Date of Birth: YYYY/MM/DD
Home Address:	Apt/Unit#	Postal Code	City
Home Phone #: ____ - ____ - ____		Parent/Guardian E-mail Address:	
Home School Name:	Grade in September:	<input type="checkbox"/> Copy of <b>Recent Report Card</b> <i>(Please attach to form)</i>	
Has the student previously received Special Education Support? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Copy of <b>IEP (if applicable)</b> <i>(Please attach to form)</i>	
Type of Program (if known):			
STUDENT CONTACT INFORMATION (optional)			
Cell Phone #: ____ - ____ - ____		E-mail Address:	

SECTION #2 – MEDICAL INFORMATION (Please Print)	
Health Card No. ____ (Version No.)	Does the student have any history of allergy and/or drug-medication reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Epi-Pen <input type="checkbox"/> Inhaler/Puffer <input type="checkbox"/> Triggers (example penicillin)    Other:	
Please describe the condition(s) below:	<b>Life Threatening</b>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Family Doctor:	Telephone #: ____ - ____ - ____ ext. ____
Are there any restrictions or special considerations during the summer program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain _____	
_____	

**SECTION #3 – PARENT/LEGAL GUARDIAN INFORMATION**

<b>1) Parent/Legal Guardian</b>	Last Name	First Name
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____		For Emergency: Priority 1 2
Home #: ____ - ____ - ____		Cell #: ____ - ____ - ____ Business #: ____ - ____ - ____ ext. ____
<b>2) Parent/Legal Guardian</b>	Last Name	First Name
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____		For Emergency: Priority 1 2
Home #: ____ - ____ - ____		Cell #: ____ - ____ - ____ Business #: ____ - ____ - ____ ext. ____
<b>EMERGENCY CONTACT INFORMATION</b> <i>(If parent/guardian cannot be contacted use the following emergency contact )</i>		
Last Name	First Name	Relationship:
Home #: ____ - ____ - ____		Cell #: ____ - ____ - ____ Business #: ____ - ____ - ____ ext. ____

**ADDITIONAL STUDENT INFORMATION:**  
*(please list any other information that would be useful for staff to know about your child)*

\_\_\_\_\_

\_\_\_\_\_

**Application Form**

- A parent or guardian must complete and sign the registration form
- Student’s most recent Report Card must be submitted with application form to be considered as an applicant for Summer Academy
- If applicable, Student’s IEP must be submitted with registration form along with Report Card

**Confirmation Letter**

- A Confirmation letter will be e-mailed to students accepted to the Summer Academy.
- If no e-mail is provided you will be contacted by phone.

_____	_____	____ / ____ / ____ y y y y m m d d
<b>Print name of Parent/Legal Guardian</b>	<b>Signature of Parent/ Legal Guardian</b>	

