

Haha`ione Elementary Summer School 2015
Application Form

PLEASE PRINT

Name: _____ Current School: _____
LAST FIRST M.I.

Sex: M ___ F ___ Birthdate: _____ Current Grade Level: _____

Parent/Legal Guardian Name(s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email address: _____

Received Special Education services during regular school year: ___ Yes (Year _____) ___ No

My child has health insurance: Yes ___ No ___

If yes, please fill in the following medical of accident insurance listed below:

Name of Insurance Company: _____

Policy Number: _____ Expiration Date: _____

-----Office Use Only-----

Date/time application received: _____ Received by: _____

_____ Check (No. _____ Name on check: _____

Refund _____ Date received: _____ Check payable to: _____

Emergency Information

Name: _____ Grade: _____ Birthdate: _____ Age: _____ Sex: _____
LAST FIRST M.I.

Emergency Contact: In case child listed above becomes ill or is injured at school and I cannot be contacted, I authorize the school to contact and release custody to the following:

Name: _____ Contact Number: _____ Relationship: _____

Name: _____ Contact Number: _____ Relationship: _____

Authorized person(s) to pick up my child (picture ID required):

Name: _____ Contact Number: _____ Relationship: _____

Name: _____ Contact Number: _____ Relationship: _____

Please indicate any special health conditions your child may have (i.e., medical problems, restrictions, allergies, medications, etc):

Family physician: _____ phone: _____

Dentist: _____ phone: _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent to school authorities to take appropriate action for the safety and welfare of my child:

Parent/Legal Guardian Signature

Date