SANTA ROSA COMMUNITY SCHOOL
GULF BREEZE HIGH SCHOOL SUMMER PROGRAM

CLASS NAME: _____

STUDENT INFORMATION

Child's Name: _____ Sex: M or F

DOB: _____ Age: _____ Grade: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Doctor's Name: _____ Phone #: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ Father's Name: _____

Address: _____ *(If different from child)* Address: _____ *(If different from child)*

Place of Work: _____ Place of Work: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

CONTACTS

Persons to be contacted if parents cannot be reached (**must list 2**) and are also authorized to remove child from facility (**must be at least 16 years of age**).

Name	Phone	Relationship
1.		
2.		
3.		
4.		

Health Information

Does your child need a medicine release form? ☐YES ☐NO

Special instructions/Health Problems: (*anything to benefit the care of your child*) _____

For persons with disabilities, please indicate in the space provided on the application any special accommodation needs such as sign language interpreter, preferred seating, etc. Prior notification of at least one week is needed for arrangements to be made for an interpreter.

DRIVER'S EDUCATION STUDENTS ONLY: Does the student have any physical or other health related impairment that would impede the student from the normal operation of a motor vehicle. ☐YES ☐NO If so, please provide an explanation on the back of this sheet and attach any other useful information or documentation for consideration.

Office Use ONLY

Date: _____ Receipt #: _____ Book #: _____ Fee Paid: _____

_____ _____

Parent or Legal Guardian Signature Date