



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: _____ Address: _____ <i>(If different from child)</i> <i>(If different from child)</i>
	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. _____
Health Information	Does your child need a medicine release form? <input type="checkbox"/> YES <input type="checkbox"/> NO Special instructions/Health Problems: <i>(anything to benefit the care of your child)</i> _____
	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.
Office Use ONLY	Date: _____ Receipt #: _____ Book #: _____ Fee Paid: _____

Parent or Legal Guardian Signature

Date