

Festus High School Summer School Enrollment Form

May 30th – June 28th ~ 8:10 am - 3:25 pm

Student Information – PLEASE PRINT Student's Legal Name

Last First Middle Grade Fall 2018

___ Male ___ Female Birthdate ___/___/___
mm dd yr

Home Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Name _____ Relationship to Student _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Emergency Contact (other than parent) _____

Relationship to Student _____ Home Phone # _____

Cell Phone # _____ Work Phone # _____

Elective Course Offering **Course offerings are based on enrollment numbers**

AM Session (Select One)

- ___ Health
- ___ Driver's Education
- ___ Physical Education
- ___ A+ Tutoring

- ___ Personal Finance
- ___ Computer Applications
- ___ Freshmen 101
- ___ Weights & Conditioning (**NO CREDIT COURSE**)
- ___ History & Modern Fiction
- ___ Video Game Design

PM Session (Select One)

- ___ Social Studies of Sports
- ___ Driver's Education
- ___ Physical Education
- ___ A+ Tutoring

- ___ Personal Finance
- ___ Computer Applications
- ___ Freshmen 101

- ___ Video Game Design

CREDIT RECOVERY: Please specify which course.

AM Session (Select One)

- ___ English _____
- ___ Social Studies _____
- ___ Math _____
- ___ Science _____

PM Session (Select One)

- ___ English _____
- ___ Social Studies _____
- ___ Math _____
- ___ Science _____

Festus R-VI Summer School Transportation Form

May 30-June 28, 2018

8:10 am - 3:25 pm (No Late Start On Wednesdays)

Student Name: _____
Last First Middle Grade Fall 2018

Date of Birth: _____ Home Telephone: _____

Home Address: _____
Street Name City State Zip

Mailing Address (if different than above): _____

Mothers Name: _____ Fathers Name: _____

Mothers Cell Phone: _____ Fathers Cell Phone: _____

In addition to the Parents/Guardians, please list two people we can contact in an emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

How will student get to/from school? Walk _____ Ride in vehicle _____ Ride Bus _____
(if Bus, continue below)

Bus Transport Students ONLY:

Coming to School/From:

Home _____
Day Care _____ Name of Day Care _____ Phone _____
Babysitter _____ Name & Address _____ Phone _____
Relative _____ Name & Address _____ Phone _____
Other _____ Explain _____

Leaving School/To:

Home _____
Day Care _____ Name of Day Care _____ Phone _____
Babysitter _____ Name & Address _____ Phone _____
Relative _____ Name & Address _____ Phone _____
Other _____ Explain _____

Same Schedule every day? ___Yes ___No (If No, fill out below)

Coming to School	Leaving School
M _____	M _____
T _____	T _____
W _____	W _____
T _____	T _____
F _____	F _____

Any Medical or Physical Conditions the driver should be aware of?

Festus R-VI Summer School Health Form

Child's Name: _____
Last First Middle Grade Fall 2018

Date of Birth: _____ Parent/Guardian Names: _____

Home Phone# _____ Cell# _____ Work# _____

Emergency Contact: _____ Relationship: _____

Home Phone# _____ Cell# _____ Work# _____

Emergency Contact: _____ Relationship: _____

Home Phone# _____ Cell# _____ Work# _____

Does your child have: _____ Seasonal Allergies _____ Food Allergies _____ Medication Allergies
_____ Asthma _____ Seizure Disorder _____ Heart Condition
_____ Diabetes _____ High Blood Pressure _____ ADHD
_____ Hearing Impaired _____ Vision Impaired _____ Other

If so, please explain condition and treatment for each:

Will your child have an Epi-Pen at school? __Yes __No Will your child have an inhaler at school? __Yes __No

Please list all medications your child is currently taking.

<u>Medication</u>	<u>Dosage</u>	Will the school nurse administer this medication at school?	
_____	_____	Yes_____	No_____
_____	_____	Yes_____	No_____

Note: All prescription and over-the-counter medications must be brought to school in its original container. All medications must be accompanied by a signed note from parent/guardian with the child's name, medication, dose, time to be given, how often, and if the prescription is to be left at school or sent home. All prescription medications must have the original label on them including inhalers and epi-pens.

All pre-kindergarten students and out- of-district students must provide up-to-date shot records in order to attend Summer School.

In case of an accident or serious illness, I request school personnel to contact me or the emergency contacts above. If unable to reach me or contacts listed above, I authorize the school to make arrangements as necessary to care for my child.

Parent/Guardian Signature _____ Date: _____