

2019 Summer School Enrollment

Date \_\_\_\_\_

Grade

Male Female

Ethnicity: Not Hispanic Race: American Indian Asian Black Hispanic Native Hawaiian or Pacific Islander White

Last Name First Name Middle Address Date of Birth City Zip County of Residence Phone Alternate Phone School District of Legal Residence School Previously attended

Does your student have an IEP? Yes No Please describe any special services or support your child has received in school

Parent/Guardian Name Relationship to Student Legal Guardian: Yes No Resides with: Yes No Street Address City Zip Phone Cell Email Address Employer Phone

Parent/Guardian Name Relationship to Student Legal Guardian: Yes No Resides with: Yes No Street Address City Zip Phone Cell Email Address Employer Phone

Please attach documentation regarding any unique circumstances concerning legal guardianship.

**EMERGENCY CONTACTS**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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**AUTHORIZATION FOR ALTERNATE TRANSPORTATION**

I hereby authorize Geist Montessori Academy to allow my child to leave school with the persons listed below. I understand that the school office must be notified in writing prior to my child leaving school with any individual other than parent or guardian.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical/Health Information  
2019 Summer School**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any medical restrictions, impairments or special physical needs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide documentation in support of the above restrictions/needs.**

**In the event that my child becomes ill or injured while attending Geist Montessori Academy, and in the event that a parent/legal guardian cannot be contacted, I/we give permission to those in charge to administer First Aid. If my child is in need of emergency medical treatment, and a parent/legal guardian cannot be contacted, I/we give permission to transport my child to the nearest hospital emergency room for treatment. I consent to such medical treatment deemed as necessary by a licensed physician.**

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Printed