

Cuba Middle School Summer School Enrollment Form

I. Student Information (PLEASE PRINT)

Student's Full Legal Name _____ Gender: M or F

Current (as of May 2022) Grade Level: 4 5 6 7 DOB _____ Current School: _____

Home Address _____ City/State/Zip _____

Parent/Guardian _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

II. Health Form

Other Family Members attending summer school _____

Emergency Contact _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Alt. Emergency Contact _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Does your child currently have an I.E.P? Y or N If yes, please specify program and teacher name _____

Health Problems or Concerns Y or N

If yes, please describe below any vision or hearing difficulties, diabetes, asthma, seizure disorder, allergies, activity restrictions, orthopedic problems, mental health/emotional concerns, or special health procedures that will need to be carried out during regular Summer School hours. _____

Is your child currently taking medication at home/school? Y or N Name of medication _____

Is your child allergic to anything? Y or N If yes, please describe _____

*Will your child need medication during Summer School hours? Y or N

If yes, child must have medical form on site.

Name and phone number of student's physician(s) _____

Hospital preference _____

Name, alternate authorized person, or the named physician. If it impossible to contact me, authorized persons, or the physician, the school personnel may make emergency arrangements as necessary to care for my child.

Parent/Guardian Signature _____ Date _____

Please complete reverse side

III. Transportation

Bus Transportation Will your child be riding the bus? Y or N

**Bus routes are limited to drop off locations. Your driver will be in contact.*

Transportation Address (if different from above) _____

**Bus changes are not permitted. Please be sure to enter 1 address for the entire session.*

Other Transportation _____ Walk _____ Car _____ Pick up/Other

Parent Guardian Signature _____ Date _____

