

Rio Rancho Public School Elementary/ Middle School Summer School 2009 Program Application

*Please mark the grade your child just completed

Last Name	First Name	M.I.	Age	Gender	Grade*	Date of Birth	Student Number

House No. Street Name or Rural Address	Apt.#	Zip Code	Home Phone	Alternate Phone

Does your child receive Special Education Services?	Please list any person to whom you would NOT allow us to release your child
<input type="checkbox"/> yes <input type="checkbox"/> no	

School Last Attended	Name of most recent Classroom Teacher	Ethnicity (circle)
		Asian Black Caucasian American Indian Hispanic Other

Lives with this person		Legal Guardian?		Father's Home Address & Zip Code			
yes	no	yes	no				
Last Name of FATHER	First Name	M.I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Name of Father's Employer	Work Phone	Alternate Phone

Lives with this person		Legal Guardian?		Mother's Home Address & Zip Code			
yes	no	yes	no				
Last Name of MOTHER	First Name	M.I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Name of Mother's Employer	Work Phone	Alternate Phone

Name of person with whom student lives (if other than above)	Relationship	yes	no	This Person's Home Address & Zip Code
		<input type="checkbox"/>	<input type="checkbox"/>	

Name of this Person's Employer	Work Phone	Alternate Phone

Parent Contacts

Date / Time	Name of person reached	Reason for contact



EMERGENCY INFORMATION Elementary/Middle Summer School 2009



My child has the following health problems (for example: allergy, asthma, kidneys, seizures, heart, etc). _____

IN CASE OF ILLNESS OR ACCIDENT, AND YOU CANNOT REACH ME, THE SCHOOL IS AUTHORIZED TO PROCEED AS INDICATED BELOW:

1. Notify: _____ Phone: _____ Alternate Phone: _____

2. Notify: _____ Phone: _____ Alternate Phone: _____

IF UNABLE TO REACH ANYONE, PLEASE CONTACT MY PHYSICIAN AND FOLLOW HIS ORDERS.

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference:: _____

Language spoken at home: _____

I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY EMERGENCY TRANSPORTATION AND CARE.

Signature: _____

Date: _____