

FIRST MESA ELEMENTARY SUMMER SCHOOL

STUDENT ENROLLMENT FORM

Student Name: _____ Gender: ☐ Male ☐ Female
Mailing Address: _____
City, zip code: _____ Date of Birth: _____
Physical Address: _____
City, zip code: _____ Grade Completed 2020/2021: _____
Parent(s) or Guardian(s) Name: _____
Home Telephone: _____
Parent(s) or Guardian(s): Mom's Work: _____ Mom's Cell: _____
Dad's Work: _____ Dad's Cell: _____
Parent(s) or Guardian(s) E-mail: _____

My child will attend classes daily. One absence will remove my child from FMES Summer School!

Medical Information

(to be completed by parent/guardian)

Does your child have a health condition/medical diagnosis that the FMES Summer School staff should know about? Y N
If yes, please explain: _____
Does your child have a known allergy to any food, insect, medication or other substance? Y N
If yes, please explain: _____
Will your child require medication at school during FMES Summer School? Y N
If yes, please explain: _____

Transportation Information

PLEASE PROVIDE DETAILED INFORMATION

(i.e., Name/Address of Relative/Babysitter/Day Care, Etc.)

Bus Pick Up Address for SS:
(DO NOT USE PO BOX)**

Adult Name: _____
Address: _____
City, Zip Code: _____
Bus Pick Up Telephone: _____

Bus Drop Off Address for SS:
(DO NOT USE PO BOX)**

Adult Name: _____
Address: _____
City, Zip Code: _____
Bus Drop Off Telephone: _____

Emergency Contact Person:
(Other than parent/guardian
or person listed for pick-up/drop-off)

Name: _____
Relationship to Student: _____
Telephone: _____

Parent or Guardian Signature: _____

Date: _____