## Freedom Area School District Summer School Only Student Enrollment Form

Today's Date:		_				
Student Name: _	Legal First Name	Legal Middle Name	Legal Last No		Sex: Male or Female Select One	
Age: Gra	de: during the 20	024 - 2025 school year. Birthdate:				
Ethnicity: (please	select one) Non Hispan	nic/Latino Hispanic/Latino				
Race: (select all the		ian/Alaskan Nativeiian/Other Pacific Islander	White Black/African A	White Asian Black/African American		
Special Education	Placement: Yes	No If yes, area of spec	al education			
Home School Dis	trict:					
		t)				
• Adult(s) with v	whom the student lives:					
Male's Name:			Relation	Relationship to Student:		
Female's Name:			Relation	nship to Student: _		
Address:	Street Address	City	Zip Code	<u> </u>		
Dad ema	il		Da	d Cell Phone #: _		
Mom email				Mom Cell Phone #		
Dad Wor	k Phone #:		Но	ome Phone #: _		
Mom Wo	ork Phone #:					
• If student liv	es with a second family	, complete this section for the sec	ond family:			
Male's Name:				Relationship to Student:		
Female's Name:			Relation	Relationship to Student:		
Address:		City	Zip Code	Home Phone #:		
			Zip Coue	Cell Filone #		
work Ph	one #: —					
• Emergency (	Contacts:					
Person other spouse canno		e who will come to get or care for	your child if illness of	or emergency occu	rs and you or your	
Name:	Relationship to Child:			Phone #:		
Name:	Relationship to Child:			Phone #:		

## **Medical Information:** Phone #: \_\_\_\_\_ Family Physician/Clinic: Family Dentist/Clinic: Phone #: \_\_\_\_\_ If emergency treatment is required and parents cannot be reached immediately, may school authorities treat and/or call the doctor/clinic indicated or, if not available, an alternative doctor/clinic? Circle One Yes If immediate medical care is necessary, may school authorities or an emergency vehicle transport your child to a doctor or medical facility? Circle One Yes Hospital Preference: City: Please list the name and grade of the school attending: School Name City & State Are there any medical concerns we should be aware of? (Examples: allergies, asthma, diabetes etc). Date Parent/Guardian Signature Office Use Only – Summer School Start Date \_\_\_\_\_

cc: Student Services

Revised 2-16-2024