

Student Information Form

Name of Student _____ Birth date ____/____/____ Age _____
Name of Parent/Guardian _____
Address _____ City _____ Phone _____
School last attended this year _____

1. By choosing to have my student participate in the Extended School Year program (ESY), I hereby agree that:
 - a. I will attempt to plan family activities so that my student will attend the program regularly. (except in the case of emergency).
 - b. I grant permission for my student to participate in related educational experiences, including a school snack (no cost) and activities which may involve being away from the school classroom.
 - c. ESY personnel may use a copy of my student's Individual Education Plan (IEP goals) to assist in planning appropriately for his/her needs for the summer.

2. Please list any health concerns such as food allergies or informational items we need to be aware of:

_____.

3. List two relatives and/or neighbors who will assume temporary care of your child if you cannot be reached:

Name _____ Address _____ Ph # _____
Name _____ Address _____ Ph # _____

4. In the event of an urgent medical emergency, please contact:

Physician Name: _____
Address: _____
Office Phone: _____

If the above-named physician cannot be reached at the time of emergency, Nebo School District personnel are hereby authorized to contact another licensed physician and/or have this student transported by ambulance or other appropriate means to the nearest medical facility for appropriate medical treatment.

Authorized Signature

Date

Relationship to Student

