



# 2017 Summer School Enrollment Form

**Only complete if you do not currently attend a Green Bay Area Public School**

Submit the completed Enrollment Form, Course Registration Sheet, Transportation Form, if requested, to:  
Green Bay Area Public Schools, ATTN: Summer School, 200 S. Broadway, Green Bay, WI 54303.

Please check one box:

- Student's address is within the Green Bay Area Public School District boundaries. **(No Fee)**  
 Student's address is NOT within the Green Bay Area Public School District boundaries.  
**(Please include a \$50.00 per course)**

Summer School Program/Location: \_\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_  
As listed on Birth Certificate      Last Name (Please Print)      First Name      Middle Name

Gender: Female/Male      Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Day      Year

Grade (in 2016-17): \_\_\_\_\_ School Attended (in 2016-17): \_\_\_\_\_

Ethnicity: (please select one)       Hispanic/Latino       Non-Hispanic/Latino

Race: (select all that apply)       American Indian/Alaska Native       Asian       White  
(must select at least one)       Native Hawaiian /Other Pacific Islander       Black/African American

Student's Home Address      Apt or Lot #      Date you moved to this address: \_\_\_\_\_  
\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Type: Home      Cell      Unlisted      Message Only  
City      State      Zip

**Student lives with (circle):** Mother      Father      Both Parents      Other: \_\_\_\_\_  
**Who has Adult Legal Custody for this student? (circle)** Mother      Father      Both Parents      Other: \_\_\_\_\_

### Parent/Guardian Information:

1. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  Is legal guardian  
Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_ Wk Ph #: \_\_\_\_\_ Ext: \_\_\_\_\_  
Home Ph#: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_ Other Ph#: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  Is legal guardian  
Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_ Wk Ph #: \_\_\_\_\_ Ext. \_\_\_\_\_  
Home Ph#: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_ Other Ph#: \_\_\_\_\_

### Emergency Contacts: (someone who is able to pick up your child from school in your absence-must be at least 18 yrs old)

Name: \_\_\_\_\_ Ph#: \_\_\_\_\_ Cell/Home/Wk/Other      Rel to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Ph#: \_\_\_\_\_ Cell/Home/Wk/Other      Rel to child: \_\_\_\_\_

### Medical Information:

Medical Conditions / Allergies / Concerns: \_\_\_\_\_

As parent/legal guardian of this child, I verify that all the information on this form is true to the best of my knowledge. I am aware that I could be responsible for tuition if this child is not permanently living at the address provided. I may also be required to provide proof of residency, legal birth document and immunization record.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_