



Show Low Unified School District

6-12 Summer School Program
To be completed and returned to the school office.

Student Information:		
Current School:		Summer School Site:
Last Name:	First Name:	Middle:
Birth Date:	Summer School Course:	Student ID:
Student's Address:		
City, State, Zip Code:		
Home Phone:		Parent Cell Phone:
Student Resides with: (Circle the one that applies)		
Mother Father Both Parents Legal Guardian Relative Other: _____		

Family Information:	
Parent 1 Name: (circle) Mother Father Guardian	Parent 2 Name: (circle) Mother Father Guardian
Parent 1 Address:	Parent 2 Address:
Phone 1 – Home	Phone 1 – Home
Phone 2 – Cell	Phone 2 – Cell
Phone 3 – Work	Phone 3 – Work
Parent 1 Email:	Parent 2 Email:

Emergency Contacts: (In case parent/guardian cannot be reached)	
Contact #1:	Contact #2:
Relationship:	Relationship:
Phone:	Phone:

Health Information:	Information on this form may be shared with appropriate school or Emergency Personnel for your child's health and safety.
Please list any condition(s) the student has:	
Please list any medication(s) the student takes:	
Doctors' Name:	Phone:

Signature of Parent/Guardian

Date

Please return this completed form with signature back to the school's office or to the child's teacher no later than Wednesday, May 4, 2018