

Pauoa Elementary School
Summer School 2021
Registration Form

PLEASE PRINT

Student's Name _____
LAST, FIRST MI

Sex: M____F____ Birthdate: _____ Completed Grade as of May 2021: _____

Parent/Legal Guardian Name(s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Authorized person(s) to pick up my child (picture ID required):

Name: _____ Contact Number: _____

Relationship: _____

Name: _____ Contact Number: _____

Relationship: _____

-----Office Use Only-----

Date received: _____ Received by: _____

Amount paid: _____ Name on check: _____

Check number: _____

Emergency Information

Student's Name: _____
LAST, FIRST MI

My child has health insurance: Yes ___ No ___

If yes, please indicate medical insurance below:

Name of Insurance Company: _____

Policy Number: _____ Expiration Date: _____

Emergency Contact: In case the child listed above becomes ill or is injured at school and I cannot be contacted, I authorize the school to contact and release custody to the following:

Name: _____ Contact Number: _____

Relationship: _____

Name: _____ Contact Number: _____

Relationship: _____

Please indicate any special health conditions your child may have (i.e., medical problems, restrictions, allergies, medications, etc):

Family physician: _____ phone: _____

Dentist: _____ phone: _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent to school authorities to take appropriate action for the safety and welfare of my child:

Parent/Legal Guardian Signature

Date