

Sedalia School District #200
Summer School Credit Recovery/Academic 2019
STUDENT Application for Admission/Scheduling (Grade 9-12)

**CREDIT RECOVERY
OR ACADEMIC**

Daily classes (13 total days) - Monday, June 3 – Wednesday, June 19, 2019

Make-up days: June 20-June 21, 2019

CREDIT RECOVERY

1st Period – SCHS 2nd Period – SCHS
7:50 am – 10:10 am 10:20 am – 12:40 pm

ACADEMIC COURSES Launch Course - on-line – 2 sessions – June & July

NO TRANSPORTATION PROVIDED

Student's Name _____ **Current Grade** _____

Gender _____ **Age** _____ **Birthdate** _____ **Hispanic** **Yes** **No**

Race (check one or more) **American Indian or Alaska Native** **Asian** **Black**
 Native Hawaiian or Other Pacific Islander **White**

Current School Attending _____

Home Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Home phone _____ **Cell phone** _____ **email address** _____

Parents'/Guardians' Names _____

Father's Place of Employment _____ **Work phone** _____

Mother's Place of Employment _____ **Work phone** _____

List the person to call if there is an emergency at school this summer and neither parent can be reached:

Name _____

Phone _____ **Cell Phone** _____

In case none of the above can be reached, I give permission to obtain emergency medical services for my child and I accept responsibility for all medical expenses.

Please contact our family physician first - **Doctor's Name:** _____ **Phone** _____

If hospital services are necessary, our information is: _____

(Insurance Provider & Policy #)

Special medical information regarding my child, such as medications needed during the morning hours, allergies, play restrictions, etc.:

My child, _____, has my permission to participate in activities and be videotaped as part of any related lesson plan with the Sedalia Summer School program. I understand I will be notified in advance of any such activity.

Parent/Guardian _____ **Date** _____ psm 1/19