

Doniphan R-I School District
SUMMER SCHOOL ENROLLMENT FORM

Student's Name: _____ Current Grade Level: _____

Student's Date of Birth: _____ Gender: Male or Female

My child will require bus transportation: ___ YES ___ NO

What bus number does your child currently ride? ___

I wish for my child to attend BEEP: ___ YES* ___ NO

*If you wish for your child to attend BEEP, you MUST fill out the separate BEEP Application.

Please provide the following contact information.

Primary Parent/Guardian:	Alternate Parent/Guardian:
Name:	Name:
Relationship to Student:	Relationship to student:
Phone Number(s):	Phone Number(s):

Address:

Address:

Emergency Contacts:

Name:	Name:
Relationship to Student:	Relationship to student:
Phone Number(s):	Phone Number(s):

Is there ANY information about your child's health that the school should be aware of, including medical conditions and/or allergies of ANY type?

In case of illness or accident, the school will make every attempt to notify parent/guardian. In case of emergency, the school is authorized to contact EMS and have student transported via EMS to local hospital.

Parent/Guardian Signature

Date: