



New Haven School District Summer School Adventure Enrollment Form

Don't delay!!! Enroll now in this FREE program. DUE APRIL 28. Late forms MAY NOT be accepted.

I. Student Information (Please Print)

LAST FIRST MIDDLE Circle One
Male Female

2022-23 Grade: PK K 1 2 3 4 5 6 7 8 9 10 11 2022-23 School Attended: _____

2022-23 Home Room Teacher: _____ Student Date of Birth: ____/____/____

Home Address: _____ City: _____ State: _____ ZIP: _____

Emergency Contact (1): _____ Relationship: _____

Work #: _____ Cell #: _____ Email: _____

Emergency Contact (2): _____ Relationship: _____

Work #: _____ Cell #: _____ Email: _____

Does your child currently have an I.E.P. or 504 Plan? Yes ____ No ____

If yes to either, please specify program, attending school and case manager's name:

II. Transportation Will your child be riding the bus to Summer School in the morning? Yes ____ No ____

If yes, from where: (Location) _____ (Ex: Grandma's house)

(Address) _____ (Ex: 404 School Street)

Will your child be riding the bus home from Summer School in the afternoon? Yes ____ No ____

If yes, to where: (Name) _____

(Address) _____



If not riding the bus, how will your child be leaving Summer School in the afternoon?

_____ Picked up by: Please list all names of those who may pick up your student(s).

_____ Walking to _____

Parent/Guardian Signature _____ Date _____

★ PLEASE COMPLETE THE HEALTH FORM ON THE REVERSE SIDE ★
IF YOU ARE A NEW STUDENT TO THE NEW HAVEN SCHOOL DISTRICT OR WERE NOT ATTENDING IN
NEW HAVEN AT THE END OF THE 2022-23 SCHOOL YEAR.

III. Health Form ☆ Skip to Section IV if you are enrolling a current New Haven student. ☆

(Please Print) LAST FIRST MIDDLE

Other Family Members attending Summer Adventure:

Guardian(s): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (1): _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact (2): _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Health Problems or Concerns: Yes ____ No ____

If yes, please describe in the space below any vision or hearing difficulties, diabetes, asthma, seizure disorder, allergies, activity restrictions, orthopedic problems, mental health/emotional concerns, or special health procedures that will need to be carried out during regular *Summer School* hours.

Is your child currently taking medication at home or school? Yes ____ No ____ Name of Med: _____

Is your child allergic to anything? Yes ____ No ____ If yes, please identify _____

Will your child need medication during Summer School hours? Yes ____ No ____ If yes, child **must** have a medical form on site & a **guardian must deliver the medication to school**. Students may not transport medication. Forms can be found in the NHES Health Room. Please call to discuss with NH Health Room staff at 237-2141.

Consent:

Yes ____ No ____ School health staff has permission to administer basic first aid treatments that may include use of over-the-counter products/medication including school-provided cough drops and generic Tylenol.

Name and phone number of student's physician(s):

Hospital Preference: _____

In case of accident or serious illness, I request school personnel to contact me, alternate authorized persons, or the named physician. If it is impossible to contact me, authorized persons, or the physician, the school personnel may make emergency arrangements as necessary to care for my child.



IV. Authorization

- Student immunizations must be current and on file in the NHES Health Room prior to the first day of Summer School.
- Students must be in regular attendance in order to attend field trips. Please contact the office (237-2141) with questions.

Parent/Guardian Printed: _____

Parent/Guardian Signature: _____

Date: ____/____/____

Date Received NHES Office: ____/____/____