



## 2019 Summer School Enrollment Information Form (for Non-GBAPS students)

If your child is currently enrolled in the Green Bay Area Public School District, do not complete this form (continue to Course Registration Sheet).

- Please check*
- Student's address is within the Green Bay Area Public School District boundaries. **(No Fee)**
- Student's address is NOT within the Green Bay Area Public School District boundaries.  
**(Please include a \$50.00 per course)**

Student's Full Legal Name: \_\_\_\_\_  
As listed on Birth Certificate      Last Name (Please Print)      First Name      Middle Name

Grade (in 2018-19): \_\_\_\_\_ School Attended (in 2018-19): \_\_\_\_\_

Gender: Female / Male      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Ethnicity: (please select one)  
Month      Day      Year       Hispanic/Latino       Non-Hispanic/Latino

Race: (select all that apply)       American Indian/Alaska Native       Asian       White  
(must select at least one)       Native Hawaiian /Other Pacific Islander       Black/African American

Student's Home Address \_\_\_\_\_ Apt or Lot # \_\_\_\_\_  
Date you moved to this address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type: Home Cell Unlisted Message Only

Student lives with (circle): Mother Father Both Parents Other: \_\_\_\_\_  
Who has Adult Legal Custody for this student? (circle) Mother Father Both Parents Other: \_\_\_\_\_

### 1. Parent/Guardian Information

Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Is Legal Guardian       Yes       No  
Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Home Ph#: \_\_\_\_\_  
Cell Ph#: \_\_\_\_\_  
Other Ph#: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Wk Ph#: \_\_\_\_\_

### 2. Parent/Guardian Information

Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Is Legal Guardian       Yes       No  
Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Home Ph#: \_\_\_\_\_  
Cell Ph#: \_\_\_\_\_  
Other Ph#: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Wk Ph#: \_\_\_\_\_

**Emergency Contacts:** (someone who is able to pick up your child from school in your absence-must be at least 18 yrs old)

Name: \_\_\_\_\_ Ph#: \_\_\_\_\_ Cell/Home/Work Rel to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Ph#: \_\_\_\_\_ Cell/Home/Work Rel to child: \_\_\_\_\_

### Medical Information:

Medical Conditions / Allergies / Concerns: \_\_\_\_\_  
\_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As parent/legal guardian of this child, I verify that all the information on this form is true to the best of my knowledge. I am aware that I could be responsible for tuition if this child is not permanently living at the address provided. I may also be required to provide proof of residency, legal birth document and immunization record