

2023-2024 Enrollment Form Fall Intersession

EMERGENCY MEDICAL INFORMATION

Doctor's Name: _____

Phone: _____ Address: _____

Allergies: _____

PERMISSION TO ADMINISTER FIRST AID

I give the Corinth School District staff permission to administer first aid to my child, and to act as "loco parentis" for my child in case of an emergency. In case of emergency, if neither the parent/guardian nor the emergency contacts can be reached, I give permission to the Corinth School District staff to make whatever arrangements seem necessary to provide for my child.

* Parent/Guardian Signature: _____

PERMISSION FOR PUBLICATION OF STUDENT WORK/PHOTO

I grant Corinth School District permission to use my child's pictures in any campaign designed to inform the public of services and programs available through Corinth School District. This includes newspaper articles, slide presentations to various organizations, brochures, etc.

* Parent/Guardian Signature: _____

TRANSPORTATION AGREEMENT

Please Select One

* I would like for my child to be transported home each day by the Corinth School District bus. *I am aware that an adult must be present at the time of drop off.*

* **DROP OFF ADDRESS:** _____

* I would like for my child to be picked up each day as a car rider. *I am aware that if no one is present to pick my child up prior to busses leaving, he/she will be placed on a bus to the address listed on this form.*

* AM Transportation. PM Transportation, PM Only, Car Rider Only

PERMISSION TO ACCESS RECORDS

Corinth School District USES STUDENT REPORT CARDS AND STATE TEST SCORES TO TRACK STUDENT PROGRESS AND PROGRAM SUCCESS. I GIVE PERMISSION FOR THE STAFF TO : talk to my child's teacher, visit my child's classroom, view my child's work/materials, conduct screenings on my child, review reports cards/tests, and collect data on my child's attendance.

* Parent/Guardian Signature: _____

***Please be sure to complete entire form and all signatures.
Return to the front office of your child's school.**

Choose Dates

Circle One: Foundational Studies or Enrichment

Week 1 -Sep 25-Sep 29

Week 2 -Oct 2-Oct 6

Week 3-ENRICHMENT ONLY, Oct 11-Oct 1

If your student is participating in an enrichment camp, please list what camps below.

For Office Use Only:

Referring Teacher: _____ School: _____

21st CCLC /Intersession Teacher: _____ MSIS #: _____

Bus #:

IReady Scores: _____ Math: _____ Reading: _____

Physical, Emotional Learning Disabilities: _____

(SEE OTHER SIDE)

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Foundational Studies/Enricment

STUDENT INFORMATION

Legal name:		Current Teacher's Name:	
Date of birth:		Current Grade:	
Current Address:			
City		State:	ZIP Code:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity/Race:		
LUNCH: <input type="checkbox"/> Free/Reduced <input type="checkbox"/> Full	<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American
	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Pacific Islander

PARENT/GUARDIAN INFORMATION

Parent Name:		
Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Work Phone:
Email address:		

Parent Name:		
Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Work Phone:
Email address:		

EMERGENCY CONTACT (OTHER THAN PARENT)

1) Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

2) Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

3) Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

4) Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

(SEE OTHER SIDE)