

Summer School 2025 Non-GBAPS Student Enrollment Form

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 fee)

Student's Full Legal Name: _____ / _____ / _____
As listed on Birth Certificate Last Name (Please Print) First Name Middle Date of Birth

Grade (in 2025-26): _____ **School Attended (in 2024-25):** _____

Gender: Male Female **Date of Birth:** ____/____/____ **Ethnicity:** Hispanic/Latino Non-Hispanic/Latino

Race (select all that apply-must select at least one):

American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

_____ Date you moved to this address: _____

Student's Home Address _____ Apt or Lot # _____

_____ Phone: (____) ____-____

City _____ State _____ Zip _____ Type: Home Cell Unlisted Message Only

Medical Information: Medical Conditions / Allergies / Concerns:

1. Parent/Guardian Information

Name: _____

Relationship to Student: _____

Legal Guardian: Yes No

Employer Name: _____

Address _____ Apt or Lot # _____

Home Phone: (____) ____-____

City _____ State _____ Zip _____

Cell Phone: (____) ____-____

Other Phone: (____) ____-____

Work Phone: (____) ____-____

2. Parent/Guardian Information

Name: _____

Relationship to Student: _____

Legal Guardian: Yes No

Employer Name: _____

Address _____ Apt or Lot # _____

Home Phone: _____

City _____ State _____ Zip _____

Cell Phone: _____

Other Phone: _____

Work Phone: _____

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

Name: _____ Phone: _____ Cell/Home/Work

Relationship to Child: _____

Name: _____ Phone: _____ Cell/Home/Work

Relationship to Child: _____

Parent/Legal Guardian Approval: 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.

Signature of Parent/Guardian _____ Date

Printed Name of Parent/Guardian: _____

Parent/Guardian Preferred Phone Number: _____

Parent/Guardian Preferred Email Address: _____

A Summer School 2025 Course Registration Sheet must be completed along with this form