

## Summer School 2026

# 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 2026-27): \_\_\_\_\_ School Attended (in 2025-26): \_\_\_\_\_

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:

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### 1. Parent/Guardian Information

Name: \_\_\_\_\_

Legal Guardian: ☐ Yes ☐ No

Address Apt or Lot #

City State Zip

### 2. Parent/Guardian Information

Name: \_\_\_\_\_

Legal Guardian: ☐ Yes ☐ No

Address Apt or Lot #

City State Zip

Relationship to Student: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Relationship to Student: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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 2026 Course Registration Sheet must be completed along with this form