



# DRIFTWOOD SUMMER SCHOOL Application 2022

## Incoming Grades K - 4th

TODAY'S DATE: \_\_\_\_\_

Legal Name of Student \_\_\_\_\_ Name student uses: \_\_\_\_\_

Fall 2022 Grade: \_\_\_\_\_ Fall 2022 School: \_\_\_\_\_

Student's Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Youth t-shirt size: XS S M L XL

**MOM CELL** \_\_\_\_\_ **DAD CELL** \_\_\_\_\_ **Other Home Phone** \_\_\_\_\_

**Emergency Contacts if Mom or Dad are Not Available:**

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Release to? Y / N

2. \_\_\_\_\_ Phone: \_\_\_\_\_ Release to? Y / N

3. \_\_\_\_\_ Phone: \_\_\_\_\_ Release to? Y / N

4. \_\_\_\_\_ Phone: \_\_\_\_\_ Release to? Y / N

5. \_\_\_\_\_ Phone: \_\_\_\_\_ Release to? Y / N

6. \_\_\_\_\_ Phone: \_\_\_\_\_ Release to? Y / N

(Students who become ill during the school day will not be excused to go home until the parent, or a satisfactory substitute named by the parent, has been contacted.)

**Home Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Residence (Physical) Address** \_\_\_\_\_ **City** \_\_\_\_\_

Contact email address: (Print Clearly): \_\_\_\_\_

Student lives with:

\_\_\_\_ Father \_\_\_\_\_ Stepfather \_\_\_\_\_ Workplace: \_\_\_\_\_ Wk Phone \_\_\_\_\_  
(name)

\_\_\_\_ Mother \_\_\_\_\_ Stepmother \_\_\_\_\_ Workplace: \_\_\_\_\_ Wk Phone \_\_\_\_\_  
(name)

\_\_\_\_ Custodial Adult(s) \_\_\_\_\_ Workplace: \_\_\_\_\_ Wk Phone \_\_\_\_\_  
(name)

Custodial Adult's relation to student: \_\_\_\_\_

**MEDICAL:**

Health or allergy problems of student: \_\_\_\_\_

Does student have medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ ( ) No Insurance Company \_\_\_\_\_

**SPECIAL SERVICES:**

Please let us know what services your child receives:

\_\_\_\_ IEP \_\_\_\_\_ Speech/Language \_\_\_\_\_ Resource Room \_\_\_\_\_ Life Skills  
\_\_\_\_ ESL \_\_\_\_\_ TAG \_\_\_\_\_ 504 \_\_\_\_\_ Other (list)

Name/address/phone of school attended last year if not Driftwood School: \_\_\_\_\_

# DRIFTWOOD SUMMER SCHOOL Application 2022

**ETHNICITY:**

Are you Hispanic/Latino? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** (Choose only one)  
 No matter what you selected above, please answer the following Race question.

**RACE:**

What is your Race? (Choose one or more)

\_\_\_\_\_ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America including Central America, and who maintains tribal affiliation or community attachment.)

\_\_\_\_\_ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Phillipines, Thailand, Vietnam)

\_\_\_\_\_ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islanders)

\_\_\_\_\_ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

**HOME LANGUAGE:** (Choose one)

\_\_\_\_\_ English **is** the only language spoken in the home.

\_\_\_\_\_ English **is not** the only language spoken in the home. Other language(s) spoken: \_\_\_\_\_

Thank you for completing this Driftwood Summer School application. Registrations are accepted on a first come, first served basis, based on the date that applications are received in the POLSD office.  
 For questions, please call 541-332-2712 or 541-348-2455

***This application for Driftwood Summer School does not guarantee enrollment in the program. You will be notified to confirm registration.***

<i>circle one</i>		
Yes	No	I give my permission for my child to receive non-aspirin pain relief (500mg) for a headache, etc. at the discretion of school or summer school personnel.
Yes	No	In case of accident or serious illness when, in the opinion of school authorities or Summer School lead staff, my child should have the immediate attention of a doctor, I authorize the school or Summer School officials to send or take my child to our family physician. If the family physician cannot be reached, I give permission for my child to be transported to the nearest medical facility.
Yes	No	I give my permission for my child to be transported in a school or Summer School employee's vehicle
Yes	No	I give my permission for emergency room personnel to treat my child
Yes	No	I give my permission for my child to participate in Summer School organized and supervised field trips.
Yes	No	I give permission for my child to view "G" movies.
Yes	No	The school and Summer School program have permission for my child's photograph to appear in a newspaper, school yearbook, video, film, slide, grant application, grant report, or program fundraising materials or on the web.
Yes	No	I authorize my child's school(s) named on this application to release and exchange information with School District 2CJ and the Drifwood Summer School program. I understand that this information is to be used for planning, delivering and evaluating effectiveness of services provided by the summer school program.

**Parent or Guardian Signature :** \_\_\_\_\_

**Date:** \_\_\_\_\_