



BLUE SPRINGS SCHOOL DISTRICT

2019 SUMMER SCHOOL K-4 STUDENT ENROLLMENT FORM



The 2019 summer school term operates for 19 consecutive weekdays June 3-27, from 8:30 AM to 3:30 PM. **(Summer school dates are subject to change based on the weather make-up dates which might be added at the end of the semester.)** For registration purposes, an enrollment form should be returned to the resident school office for **each** participating student. Students targeted for specialized assistance in reading and/or math are strongly encouraged to attend and will be provided pull-out or push-in services as scheduled by appropriate site staff (parents will be notified in advance if their student is invited to participate). A separate Pre-K enrollment form will be made available to parents of incoming kindergartners. Parents of qualifying Extended School Year (ESY) students will be contacted directly about program specifics. **This form should be returned to the resident school office by FRIDAY, APRIL 12, 2019.**

SITE PREFERENCE: (Please designate **only** your preferred **first** and **second** site choice with a #1 and #2)

- Daniel Young Elementary Franklin Smith (*lunch program*) James Lewis
 James Walker (*lunch program*) Thomas Ultican (*lunch program*) Voy Spears
 William Yates (*lunch program*)

STUDENT INFORMATION: (Please print neatly)

Student's Legal First/Middle/Last Name: _____ Gender: Male Female
 Date of Birth (Month/Day/Year): _____ 2018-2019 Grade Level (Circle one): K 1 2 3 4
 Elementary School Attended in 2018-2019: _____
 Elementary School you will attend in 2019-2020 _____

PARENT INFORMATION: (Please print neatly)

Enrolling Parent(s) Name(s): _____
 Street Address: _____ City/Zip Code: _____
 Home Phone #: _____ Cell Phone #: _____
 Place of Employment: _____ Email Address: _____

EMERGENCY INFORMATION: (Please print neatly)

1) Contact Person's Name: _____ Relationship: _____
 Address: _____ Phone #: _____
 2) Contact Person's Name: _____ Relationship: _____
 Address: _____ Phone #: _____
 3) Contact Person's Name: _____ Relationship: _____
 Address: _____ Phone #: _____

Special Health Concern(s): _____

THE SUMMER SCHOOL PROGRAM IS CONTINGENT UPON STATE FUNDING. CHANGES REGARDING WHAT IS PLANNED WILL BE COMMUNICATED TO DISTRICT FAMILIES IN A TIMELY MANNER IF AND WHEN THEY OCCUR.

FOR RESIDENT SCHOOL OFFICE USE ONLY

Check all that apply:

- Nonresident FM amplification equipment needed
 504 Student (Attach Plan and BIP) Other (Explain: _____)
 ELL IEP (Attach Accommodations and BIP only)

Counselor's Name/Signature: _____ Resident School: _____

504/IEP/ELL Coordinator Name/Signature: _____