



**BLUE SPRINGS SCHOOL DISTRICT
PRE-K SUMMER SCHOOL STUDENT ENROLLMENT FORM
2019**



The district's 2019 summer school term operates for 19 consecutive school days – June 3 to June 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.**) Site preference should be indicated by placing a #1 next to the first location choice and a #2 next to the second. Parents are responsible for transportation and, if not a district food serving site, must provide a sack lunch and beverage on a daily basis (i.e., *food serving sites are designated below with an **). If interested in participating, please complete this form and return it to your child's resident attendance school by **FRIDAY, APRIL 12**. **Please note that only children enrolled to attend kindergarten during the 2019-2020 school year can participate in the Pre-K summer school program.**

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

Daniel Young Franklin Smith* James Lewis James Walker* Thomas Ultican* Voy Spears William Yates*

STUDENT INFORMATION: (Please print neatly and provide the legal name)

Child's First/Middle/Last Name: _____ Gender: Male Female

Child's Birth Date (Month/Day/Year): _____ 2019-2020 Resident School: _____

Ethnicity: Is the student Hispanic or Latino? Yes No

Race (Circle all that apply): Am Indian/Alaskan Asian Black/African American Hawaiian/Pacific Island Hispanic/Latino White

PARENT INFORMATION: (Please print neatly)

Enrolling Parent(s) Name(s): _____

Street Address: _____ City/Zip Code: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Place of Employment: _____ Email Address: _____

EMERGENCY INFORMATION: (Please print neatly)

1) Contact Person's Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

2) Contact Person's Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

3) Contact Person's Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Special Health Concerns and/or Special Needs: _____

Thank you for returning this completed form to your child's resident attendance school by **FRIDAY, APRIL 12, 2019**.

Verification of your child's enrollment in the Pre-K program will be sent to you prior to the start of summer school.

SUMMER SCHOOL 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.