



**SUMMER SCHOOL APPLICATION**  
**June 20 – July 22, 2011**

St. Lawrence Elementary and Middle Schools  
1977 St. Lawrence Drive  
Santa Clara, CA 95051  
408-296-2260

**Class applying for:**

Grade Level: \_\_\_\_\_ -or-

Enrichment class title:

\_\_\_\_\_  
(If taking Robotics, please specify which session)

Complete all sections, writing "NA" if something does not apply. The total tuition for summer school is \$550 if registered by May 31, 2011; \$600 if registered by June 10, 2011 or \$650 if registered after June 10, 2011. This application, accompanied by a \$125 non-refundable summer school registration fee, must be received according to the dates listed above. The remaining \$425 non-refundable balance is due no later than June 10, 2010.

Child's Name \_\_\_\_\_

**Grade completed in June 2011** \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

Sex \_\_\_\_ M \_\_\_\_ F Religion \_\_\_\_\_

**Previous Schools Attended**

Name of School	City	Grade(s)
_____	_____	_____

Has child received special testing? \_\_\_\_ Y \_\_\_\_ N If yes, what? \_\_\_\_\_

What if anything was diagnosed? \_\_\_\_\_

Has child been retained? \_\_\_\_ Y \_\_\_\_ N If yes, what grade? \_\_\_\_\_

Specific reason for sending child to summer school: \_\_\_\_\_  
\_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City & zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ City & zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone \_\_\_\_\_

With whom does the student live? \_\_\_\_\_

When parents cannot be reached, please notify:

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

### **Authorization for Emergency Medical Treatment**

Authorization is hereby given to school officials to render emergency medical treatment for any serious injury or illness to my child in the event I cannot be reached at the time of accident or illness. I authorize emergency transportation of my child to a hospital if deemed necessary.

Hospital I wish my child transported to:

Name \_\_\_\_\_ City \_\_\_\_\_

Existing medical coverage \_\_\_\_\_

Policy number \_\_\_\_\_

Known allergies to medication:

\_\_\_\_\_  
\_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

I wish to apply for admission of my child to the St. Lawrence Summer School Program. The information stated above is true and correct to the best of my knowledge.

Signature of parent or guardian \_\_\_\_\_