

## Summer School 2024 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 2024-25):** \_\_\_\_\_ **School Attended (in 2023-24):** \_\_\_\_\_

**Gender:**  Male      **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Ethnicity:**  Hispanic/Latino  
 Female       Non-Hispanic/Latino

**Race (select all that apply-must select at least one):**

American Indian/Alaska 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:

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

### 1. Parent/Guardian Information

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
**Legal Guardian:**  Yes  No      **Employer Name:** \_\_\_\_\_  
\_\_\_\_\_ **Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Address** \_\_\_\_\_ **Apt or Lot #** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ **Other Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Work Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### 2. Parent/Guardian Information

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
**Legal Guardian:**  Yes  No      **Employer Name:** \_\_\_\_\_  
\_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Apt or Lot #** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
\_\_\_\_\_ **Other Phone:** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **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 2024 Paper Course Registration Sheet must be completed along with this form for Students whose address is within the Green Bay Area Public School District Boundaries and for Students whose address is NOT within the Green Bay Area Public School District Boundaries.**