

Summer School Registration
June 8 – July 17, 2009

Monday - Friday

Time: 8:00 a.m. – 11:30 a.m.

Make checks payable to "Soto Academy". Full payment must accompany your application.

Student's name: _____ Birth Date: _____
Last Name, First Name Middle Initial

Grade for school year 2008 - 2009: _____ School you attended: _____

Grade for school year 2009 - 2010: _____ School you will be attending: _____

Home Address: _____ Phone: _____

Parents/Guardian Emergency Contact Information

Mother's Name (Print) Employer Day Phone Cell/Pager

Father's Name (Print) Employer Day Phone Cell/Pager

Medical Emergency Information:

Physician's Name Address Phone

Medical Insurance Coverage Insurance Policy# Hospital

Indicate any pertinent information which will help us better care for your child. Please list any allergies, special medications, physical handicaps etc. that your child might have.

Individuals authorized to pick up child/Emergency Contact (other than parents):

Full Name Address Relation Phone

Full Name Address Relation Phone

Full Name Address Relation Phone

We understand that in an emergency, if we cannot be contacted, school personnel are authorized and have our permission to take our child to the hospital listed above or to the nearest medical facility for treatment, which is Kuakini Hospital. The school is not liable for medical expenses incurred in the transport or treatment of the student.

The undersigned parent/guardians of the student named above agree to payment terms and all authorizations and permission granted in the Summer School information sheet and application form.

Mother's Signature

Father's Signature

Date

Date