

Student Name _____ Current School _____

I am enrolling my student in McKinley's 6th Grade Academy. **I understand that it will be held Wednesday, August 9th and Thursday, August 10th, 8:00 a.m. – 11:00 a.m. and 12:00 p.m. – 3:00 p.m.,** at McKinley Middle School and no fees will be charged. **I understand that transportation to and from McKinley will not be provided by the school district.**

EMERGENCY INFORMATION

Parent or Guardian One _____ Phone _____
Place of Employment _____ Phone _____
Parent or Guardian Two _____ Phone _____
Place of Employment _____ Phone _____

Other Emergency Contacts

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____

IN CASE OF EARLY DISMISSAL DUE TO EMERGENCY, IF NO ONE IS AT HOME, WHERE IS THE STUDENT EXPECTED TO GO?

Name _____ Address _____ Phone _____

Emergency Medical/Health Information

Family Physician _____ Phone _____
Family Dentist _____ Phone _____
Hospital Preference _____ Phone _____

Please note any health conditions (including food allergies) or medications we will need to be aware of. This information will be shared only with 6th Grade Academy staff who may need to provide appropriate services to your student.

6th Gr. Academy Permissions

I give permission for my child to be included in any media coverage that is related to 6th Gr. Academy activities (including district/school websites)..... Yes No

I give permission and accept responsibility for my child's independent use of Internet through the school in accordance with terms, conditions, and guidelines as provided in Procedure 604.9a of the Cedar Rapids Community School District..... Yes No

Signature of Parent/Guardian Date

THIS INFORMATION WILL ONLY BE SHARED WITH SCHOOL STAFF WHO NEED TO KNOW