

SST Summer Camp Application - 2017

Student Information

Student Name _____ Present Grade _____ Date Of Birth _____
Street Address _____ Mailing Address _____
City, State, Zip _____ Home Phone _____ Gender _____

Week of June 26 1st Choice _____ 2nd Choice _____

Adult Shirt Size (Please circle size) S M L XL

Mother's Name _____ Custodial Parent _____
Address (if different) _____

Home Phone _____
Cell Phone _____
Work Phone _____
Employer _____

Father's Name _____ Custodial Parent _____
Address (if different) _____

Home Phone _____
Cell Phone _____
Work Phone _____
Employer _____

Guardian's Name _____
Relationship _____

Home Phone _____
Cell Phone _____
Work Phone _____
Employer _____

Step Parent's Name _____
(If living with student)

Home Phone _____
Cell Phone _____
Work Phone _____
Employer _____

Guardianship: _____ (Parents, Mother, Father, Grandparent, Foster Parents, Guardian,
Mother/Stepfather, Father/Stepmother, Other)

Email Address Contact _____

Current School _____

PLEASE MAKE CHECKS PAYABLE TO: Seacoast School of Technology

MAIL TO: Seacoast School of Technology
Attn: Brenda Schrempf
40 Linden St.
Exeter, NH 03833

Office Use Only:

Received _____ Check # _____ Cash _____

Student Name: _____

Emergency Contact Information: Please list three other adults who would be willing to assume temporary care of your child and/or be contacted in case of our inability to contact a parent or guardian.

1. _____ Last Name, First Name	_____ Relationship	_____ Daytime Phone Number	_____ Cell Phone
2. _____ Last Name, First Name	_____ Relationship	_____ Daytime Phone Number	_____ Cell Phone
3. _____ Last Name, First Name	_____ Relationship	_____ Daytime Phone Number	_____ Cell Phone

Health Information:

Doctor _____

Conditions or problems: _____

Allergies: YES/NO If yes, please provide the following information:

Stinging Insects Foods Medication Latex

Does your child have Asthma? YES/NO

My child _____ may carry his/her asthma inhaler/EpiPen (circle appropriate) as needed.

Current medication(s) taken at home: _____

Will your child require any medications at camp? YES/NO – If yes, please list and call the office for additional paperwork. _____

Internet Permission: I grant my child permission to use the Internet per RUP (Responsible Use Policy) and filter policies. **Yes**___ **No**___

Website Permission: I will allow my child’s writing, picture, movie or sound recording to be published on the school district website. **Yes**___ **No**___

Newspaper Publication: I grant permission for my child’s photo to appear in the newspaper and on the school district website. **Yes**___ **No**___

Parent/Guardian Signature/Date