



**Extended Day Programs 2016-17
At Seattle World School**



Application Form

Today's Date:

____ / ____ / ____
(Month) (Day) (Year)

Student Information:

| | | | | |
|---|--------------|--|--|-------------------------|
| Student's Name: _____ | | | Grade: _____ | Gender: _____ |
| (Last Name) | (First Name) | (Middle Initial) | | |
| Address: _____ | | | | |
| (Street Address) | | | (City/State/Zip Code) | |
| Date of Birth: ____ / ____ / ____ | | Student Phone Number: (____) ____ - ____ | | |
| (Month) | | (Day) | | (Year) |
| Country of Origin: _____ | | | Hispanic/Latino: | |
| Language Spoken at Home: _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Emergency Contact Information:

| | |
|---|--|
| Emergency Contact's Name: _____ | Emergency Contact's Phone Number: (____) ____ - ____ |
|---|--|

Parent/Guardian Information:

| | |
|---|--|
| Parent/Guardian's Name: _____ | Parent/Guardian's Phone Number: (____) ____ - ____ |
|---|--|

Parent/Guardian's Permission:

I support my child's interest in the Extended Day Program and give him/her permission to participate.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student (if 18 or older): _____ Date: _____

Medical Release:

As the parent/guardian of this student, I authorize and consent to medical, surgical, hospital care, treatment and procedures to be deemed immediately necessary if advisable by a physician to safeguard my child's health if I cannot be contacted.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student (if 18 or older): _____ Date: _____

Photo Release:

I hereby grant permission to SWS, VFA, and partner organizations to take pictures/video of and/or publish pictures/video of my child for website and other publications (brochures, calendar display).

Signature of Parent/Guardian: _____ Date: _____

Signature of Student (if 18 or older): _____ Date: _____

Student Pledge:

By initialing on each line, I agree to commit to each statement.

_____ I will be on time to all classes I signed up for.

_____ If I will be late or absent, I will let my teacher or a VFA staff member know at least 30 minutes before the program begins.

_____ I will show up to class ready to work.

_____ I will be respectful to teachers, volunteers, and other classmates.

_____ I will use my cell phone only with permission from my teacher.

_____ I will try my best each day and stay focused.

_____ I will follow all SWS rules and expectations even when I am off campus for a class.

_____ I know that if I am given a bus ticket and do not attend class, I will not be given another bus ticket until I attend class.

_____ I will respect the classroom and clean up after myself.

_____ I will be safe and use equipment only when and how the teacher says to.

Your participation in afterschool could be at risk if you do not commit to these pledges.