



Extended Day Programs 2017-18
At Seattle World School
Application Form



Today's Date:

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

Student Information

Student's Name: _____ (Last Name) (First Name) (Middle Initial)			Grade: _____	Gender: _____
Address: _____ (Street Address) (City/State/Zip Code)				
Date of Birth: ____ / ____ / ____ (Month) (Day) (Year)		Student Phone Number: (____) ____ - ____		
Race: <input type="checkbox"/> American Indian, Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> African <input type="checkbox"/> East African <input type="checkbox"/> Pacific Islander, Hawaiian Native <input type="checkbox"/> Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White <input type="checkbox"/> N/A or Unknown <input type="checkbox"/> Other: _____		What school do you go to? <input type="checkbox"/> Seattle World School <input type="checkbox"/> Garfield High School <input type="checkbox"/> Franklin High School <input type="checkbox"/> Other: _____		
		Country of Origin: _____		
		Language Spoken at Home: _____		

Guardian Information

Guardian's Name: _____	Guardian's Phone Number: (____) ____ - ____
Emergency Contact: <input type="checkbox"/> Same as above <input type="checkbox"/> If different - Name: _____ Phone number: (____) ____ - ____	

Please complete both sides
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Parent/Guardian's Permission (Required):

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 (Required):

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 (Optional):

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 Project Rise 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.

Please complete both sides

