



Extended Day Programs 2018-19
at Seattle World School
Application Form



Student Information

Student Last Name: _____	Student First Name: _____	Student ID: _____	Grade: _____
			Gender: _____

Address:

(Street Address) (City/State/Zip Code)

Date of Birth: _____ (Month/Day/Year)	Student Phone Number: _____	Can we text you? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---------------------------------------	--

Race: <input type="checkbox"/> American Indian, Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> Pacific Islander, Hawaiian Native <input type="checkbox"/> Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White <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: _____
	Native country: _____ Language(s) Spoken at Home: _____

What class(es) are you signing up for? 1. _____ 2. _____ 3. _____	How will you get home? <input type="checkbox"/> Metro (I know how) <input type="checkbox"/> Metro (I DO NOT know how) <input type="checkbox"/> Walk <input type="checkbox"/> Family pick up <input type="checkbox"/> Drive <input type="checkbox"/> Other
---	---

Please complete both sides
→→→→

Parent/Guardian Information

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

Parent/Guardian Signatures

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). Please choose one: <input type="checkbox"/> YES, I give permission (sign below) <input type="checkbox"/> NO, I do not give permission (do not sign) Signature of Parent/Guardian: _____ Date: _____ (If YES, sign. If NO, do not sign.) Signature of Student (if 18 or older): _____ Date: _____

For office use only:

Date of entry: _____ VFAID: _____

Please complete both sides
→→→→