APPLICATION FOR SUMMER SCHOOL
2017

Summer School Site _____Koko Head Elementary School_____

Name of Student_____
Last First Middle

Address_____
Street City Zip code

Email address: _____

Home Phone_____ Emergency Phone_____

Emergency Contact_____ Relationship_____

School Currently Attending_____ Current Grade_____ Age_____

Received Special Education services during regular school year: ____ Yes (Year_____) ____ No

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FOR OFFICE USE ONLY

Date / Time application received _____

Payment received ___ Cash (Rcvd. $ _____) ___ Check (No. _____)

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Summer School Director's Signature