# NEW SUMMIT SCHOOL 21st Century Site
## 1417 Lelia Drive
## Jackson, MS 39216
**2009-2010 Summer ProgramACADEMIC YEAR**

**Date_____**

**STUDENT NAME_____ DOB_____Grade Level_____**

**SS#._____(required) PHONE_____CELL_____**

**STUDENT'S ADDRESS_____ SCHOOL_____**

**PARENT'S NAME_____**

**EMAIL _____**

**PARENT ADDRESS (if different from student)_____**

**EMPLOYER(his)_____POSITION_____PHONE_____**

**EMPLOYER(her)_____ POSITION_____PHONE_____**

**PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH APPLICATION:**
**_____Copy of Birth Certificate**
**_____Copy of Current Health Record/Vaccinations**
**_____Copy of Most Recent Report Card/Assessment, Reflecting Grades**

*** HAS YOUR CHILD EVER BEEN SUSPENDED OR EXPELLED? _____IF YES, PLEASE GIVE REASON ON BACK**

*** DOES YOUR CHILD HAVE A JUVENILE ARREST RECORD?_____IF YES, PLEASE EXPLAIN ON BACK**

*** DOES YOUR CHILD HAVE ANY PHYSICAL OR MEDICAL LIMITATION WE SHOULD BE AWARE OF? _____ IF YES, PLEASE EXPLAIN ON BACK**

*** IS YOUR CHILD CURRENTLY TAKING PRESCRIBED OR OTC MEDICATIONS? _____IF YES, PLEASE PROVIDE THE NAME OF THE MEDICATION_____**

**PARENT / GUARDIAN SIGNATURE REQUIRED**

**_____ _____**
**Parent or Legal Guardian Date**

**----------*(Office use)*----------**

**BY: _____ Date _____**
**Executive Director**