



SCHENECTADY CITY SCHOOL DISTRICT

Academic Intervention Services Summer Reading and Math Academy

Name of Student _____ Teacher _____

School _____ Grade _____

CURRENT EMERGENCY TELEPHONE NUMBERS AND ADDRESSES:
(It is essential that the school be notified of any telephone and address changes immediately)

Student's address _____

Parent/Guardian _____
Relationship to child _____ First name _____ Last name _____

Telephone (home) _____ Telephone (work) _____

Beeper number _____ Cell number _____

Emergency Information

New York State Education law mandates that schools may only release a child to law enforcement official, child protective service workers and persons whose names appear in a list provided by the child's parent or guardians. Therefore, please list two responsible adults that can be contacted in the event you cannot be reached and to whom the school may release your child, if necessary:

Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____

IT IS VERY IMPORTANT TO HAVE A NUMBER FOR SOMEONE AVAILABLE BETWEEN 8:30 - 3:30

- ✓ Check here if there are any legal court restraining /custody orders
(The school must be given the original to be copied and kept at school)
- ✓ There is busing available before/after the program. Please select **ONE** of the following:
 - My child will take a bus. He/she will be picked-up and dropped off at a designated bus stop.
 - My child will walk to and from the Reading and Math Academy.
 - My child will dropped off and picked up at the Reading and Math Academy by _____.

PHOTO RELEASE:

- ✓ During the summer institute we like to take photos of the group's experience. **Please check one** of the choices and sign below.
 - I grant permission to the Schenectady City School District and persons acting through them the right to use, reproduce, assign and/or distribute photographs of my child for use in materials they may create.
 - I grant permission for photos to be taken for student and in school use only.
 - I do not grant permission for photos of my child to be taken.

My child has allergies to the following (pollen, insect bites, bug spray etc.) _____

Parent Signature

Date