

Ready Set Learn! Application – Summer 2020
For students entering K, 1st, 2nd or 3rd grade in Fall 2020

Participant <i>(Child Applying for Services)</i>					
First	M.I.	Last	Nickname	Birthdate:	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			Any Allergies? Food Allergies? Dogs or cats?.		
			____ Yes, please list: ____ No		
Race		Ethnicity	Primary Language	Do you prefer information provided in a language other than English?	Office use only
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____.	Date Received:
Custodial Adult 1					
First	M.I.	Last	Phone		Gender
			Primary:		<input type="checkbox"/> Male <input type="checkbox"/> Female
			Alternate:		
Relationship to Child			Primary Language(s)		
Custodial Adult 2					
First	M.I.	Last	Phone		Gender
			Primary:		<input type="checkbox"/> Male <input type="checkbox"/> Female
			Alternate:		
Relationship to Child			Primary Language(s)		
Emergency Contacts					
In addition to the custodial adults listed above, I authorize the following people, 16 years or older, to be contacted in case of an emergency AND / OR to pick up my child.					
1	Name	Relationship	Emergency Contact		Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone # 1	Phone # 2	Other		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
2	Name	Relationship	Emergency Contact		Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone # 1	Phone # 2	Other		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
3	Name	Relationship	Emergency Contact		Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone # 1	Phone # 2	Other		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

Child's Previous School Experience

Check all that apply.	<input checked="" type="checkbox"/>	School Name(s) attended
Preschool	<input type="checkbox"/>	How long?
Kindergarten	<input type="checkbox"/>	
1 st Grade	<input type="checkbox"/>	
2 nd Grade	<input type="checkbox"/>	

Child's Fall 2019 School Plans

Fall 2020 Grade:	K _____ 1 _____ 2 _____ 3 _____	Fall 2020 School: _____
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Release of School information

I _____, hereby authorize all schools named above to release
 Print Parent / Guardian name
 and exchange information concerning my child's educational performance with Port Orford-Langlois SD. I understand that this information is to be used by personnel for planning, delivering, and evaluating effectiveness of services provided by the Ready Set Learn summer school program.

 Parent / Guardian signature

Photography Release

The Ready Set Learn program has the opportunity to photograph students in a variety of school related activities. These photographs and/or videos may be used in presentations, reports, newspapers, or school-related websites to highlight the achievements of our students and publicize our program.

I DO PERMIT the Ready Set Learn program to use photographs, videos, and/or images of my child. This is part of our reporting to our supporters, grant funders and community as we share the success of our program.

 Parent / Guardian signature

Thank you for completing this registration for Ready Set Learn Summer School. Priority will be given to Port Orford School District 2CJ students until May 15, 2020. After May 15, non-district students will also be accepted. Registrations are accepted on a first come, first served basis, based on the date that applications are received in the POSD office. If you have any questions please call 541-332-2712 or 541-348-2455

I understand this is registration for Ready Set Learn does not guarantee enrollment in the program. I am legally responsible for this child.

Parent/Guardian Signature: _____ Date: _____

Return, fax or mail applications to:

Port Orford-Langlois School District - Ready Set Learn
 45525 Hwy 101 / PO BOX 8, Port Orford, OR 97465
 FAX: 541-332-0190 or email to: rsf@2cj.k12.or.us