

Minnesota State Academy for the Blind
Application for Summer School/Extended School Year – Current Student

July 9-July 20, 2012

Registration: Sunday, July 8
3:00-4:30 pm

Applications must be received no later than Friday, May 18, 2012. Please update information below if changes have occurred during the school year. Permission forms, e.g. field trip, off campus, photo/video, etc., filed during the school year will extend through summer school unless noted. NOTE: Health information must be updated if there are any changes, including physician medication orders.

Permission Form Changes: _____

The Minnesota State Academy for the Blind Summer School Program is open to all blind/visually impaired students in the State of Minnesota. The summer school program is designed to provide growth opportunities for students who would like to experience something different than/or in addition to their regular school program. MSAB summer school is an option for students either as an Extended School Year Program as determined by the student's IEP or as a summer enrichment experience. Please check the individual program for which you are applying.

- Independence 101 (grades 7-12)
- Elementary (grades K-6)
- Multi-Challenged (all ages)

Student Name: _____ Date of Birth _____ M F

Day Student Residential Student

PARENT/GUARDIAN INFORMATION:

Mother:

Last Name: _____ First Name(s): _____
Home Address: _____ City: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ E-Mail: _____

Father:

Last Name: _____ First Name(s): _____
Home Address: _____ City: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ E-Mail: _____

EMERGENCY INFORMATION:

Last Name: _____ First Name(s): _____
Home Address: _____ City: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ E-Mail: _____

Last Name: _____ First Name(s): _____
Home Address: _____ City: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ E-Mail: _____

Parent/Guardian Signature: _____ Date: _____