

STUDENT INFORMATION

PLEASE PRINT CLEARLY. ILLEAGIBLE INFORMATION MAY DELAY ACCEPTANCE.

FIRST NAME	LAST NAME		
PREFERRED NAME	GENDER	ETHNICITY	_
MAILING ADDRESS	CITY	STATE	ZIP
CONTACT NUMBER	DATE OF BIRTH	//	
NAME OF SCHOOL ATTENDING THIS YEAR		G GRADE FOR)19 SCHOOL YEAR_	

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REQUIRED ATTENDANCE

The Summer Enrichment program is a program that is full of positive experiences that can be useful to each student. Each student must be fully committed to completing the activities of the program with a positive attitude. **FULL ATTENDANCE** by each participant is essential if the program is to meet its objectives. We request that parents make a commitment for their child to attend the enrichment program in its entirety. Any student missing more than **two days** will be dismissed unless approved by the administrator.

I commit my child to attend the Summer Enrichment Program that is to be held from June 5th June 28th, 2018. My signature below certifies that I understand and accept these responsibilities.

 Signature of Parent/Guardian
 Date
 /____/

Printed Name _____

PARENTAL OR GUARDIAN PERMISSION

I am the parent/guardian of the above named student, and I give full permission and consent to the agents and employees of the Summer Enrichment Program to provide transportation for my child by public service bus or other appropriate means of transportation during all session. I also give permission for my child's image to be used in promoting the Enrichment Program in the media and other promotional activities.