

**Knox County Middle School Summer Learning Camp  
Student Information Sheet**

**Student Name** \_\_\_\_\_

**Base School** \_\_\_\_\_ **2021-2022 Grade Level** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Male or Female** \_\_\_\_\_

**Student Address** \_\_\_\_\_

**Parent(s) Name** \_\_\_\_\_

**Mother's Contact #** \_\_\_\_\_ **Father's Contact #** \_\_\_\_\_

**Emergency Contact** (List up to 3 additional adults who have permission to pick up your child from Summer Learning Camp)

Name	Telephone #
_____	_____
_____	_____
_____	_____

**Please summarize any special medical conditions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transportation: Please indicate how your child will arrive and leave school each day.**

**Car Rider** \_\_\_AM only \_\_\_PM only \_\_\_Both AM and PM  
**Bus Rider** \_\_\_AM only \_\_\_PM only \_\_\_Both AM and PM  
**Walker** \_\_\_AM only \_\_\_PM only \_\_\_Both AM and PM  
**Daycare** \_\_\_AM only \_\_\_PM only \_\_\_Both AM and PM

**Daycare Provider** \_\_\_\_\_

*I understand that attendance and promptness are required. I agree to bring and pick up my child on time daily at the assigned site.  
I also understand that if my child disrupts the learning of others and/or misbehaves they will not be able to continue to attend this program.*

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**