



ROSLYN SUMMER ACADEMY
Registration/Emergency Contact Form

Open to all students residing in the Roslyn School District who have completed any grade from Kindergarten through Grade 8. There is no fee. Busing is provided.

JULY 1 – JULY 26, 2019
8:30 am – 12:30 pm
(No school on Thursday, July 4)

Use one registration form for each child
Due Friday, May 24

Student's Name: _____
Please Print

Address: _____
Street Town Zip Code

Date of Birth: ___/___/___ Gender: Female Male
Mo. Day Yr.

Current School & Grade (Sept. 2018 – June 2019)

- Heights School – Grade _____ East Hills School – Grade _____
 Harbor Hill School – Grade _____ Roslyn Middle School – Grade _____
 Other _____

Private Schools: Did Roslyn provide transportation? _____

- **Proof of Roslyn School District residency is required FOR STUDENTS ATTENDING PRIVATE/PAROCHIAL SCHOOLS ONLY (3 original documents required - i.e. lease or mortgage, utility bills).**
- **Registration is limited to 300 students.**
- **A separate completed form is required for each child.**
- **Emergency information must be completed on the back of this form.**
- **The Roslyn Summer Academy is contingent on the successful passage of the school district budget for 2019-20 on May 21, 2019.**

Field Trip Permission:
Parent Signature Required

I give my child permission to attend all field trips sponsored by the Roslyn Summer Academy.

Return to:
Roslyn Summer Academy
Carol Murphy, Principal
c/o Roslyn High School
475 Round Hill Road
Roslyn Heights, NY 11577

Complete the emergency information on the back of this form - OVER PLEASE ->



ROSLYN SUMMER ACADEMY

Emergency Information / Emergency Contact Form

STUDENT'S NAME: _____ GRADE COMPLETED JUNE 2019: _____

Contact 1: _____ Contact 2: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Will this child have siblings in the program this year? ____ Yes ____ No

Name(s): Grade level completed in June 2019:

1. _____

2. _____

EMERGENCY CONTACT – In the event you cannot be reached, please name two authorized individuals we may contact:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Significant Medical History: _____

ANY KNOWN ALLERGIES TO FOODS, POLLEN, INSECT BITES, ETC.: _____

MEDICATIONS:

Doctor's prescription must accompany this form if any medications are to be dispensed throughout the day by our nurse.

If child has been diagnosed with asthma, please bring inhaler and doctor's orders to Nurse's Office.

FAMILY PHYSICIAN: _____

Address: _____ Town: _____ Zip: _____

Phone: _____

FAMILY DENTIST: _____

Address: _____ Town: _____ Zip: _____

Phone: _____

(COMPLETE THE FORM ON BOTH SIDES)