

**STANLEY BRITISH PRIMARY SCHOOL  
STANLEY SCHOLARS APPLICATION**

**STUDENT INFORMATION**

NAME: \_\_\_\_\_ CALLED WHAT? \_\_\_\_\_  
                    First                    Middle                    Last

DATE OF BIRTH Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  MALE  FEMALE

CURRENT GRADE

PK  K  1st Current School: \_\_\_\_\_

School address \_\_\_\_\_ School phone \_\_\_\_\_

Street                    City                    State    Zip    Country

**HOUSEHOLD INFORMATION** *(Student's primary residence and mailing address should be listed under A)*

**PARENT/GUARDIAN- A**

Relationship to student \_\_\_\_\_

Mr. Mrs. Ms. Dr. (circle one)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
                    First                    Last

Street                    Apt. #

City                    State                    Zip                    Country

PHONE Home \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

TITLE \_\_\_\_\_

**PARENT/GUARDIAN- B**

Relationship to student \_\_\_\_\_

Mr. Mrs. Ms. Dr. (circle one)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
                    First                    Last

Street                    Apt. #

City                    State                    Zip                    Country

PHONE Home \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

TITLE \_\_\_\_\_

HOUSEHOLD A PARENTS/GUARDIANS ARE:  Married  Partnered  Single  Never married  Separated  Divorced  Widowed

**HOUSEHOLD DEMOGRAPHIC INFORMATION**

Child identifies as:  African American/Black  Asian American/Asian  Caucasian/White  Hispanic/Latino(a)

American Indian/Native American  Multiracial  Other

**PICK-UP AUTHORIZATION AND EMERGENCY CONTACTS**

**EMERGENCY CONTACTS A (MUST BE SOMEONE OTHER THAN PARENT/GUARDIANS)**

Relationship to student \_\_\_\_\_

AUTHORIZED TO PICK-UP?  YES  NO

NAME \_\_\_\_\_

                    First                    Last

EMAIL \_\_\_\_\_

PHONE Home \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

**EMERGENCY CONTACTS B**

Relationship to student \_\_\_\_\_

AUTHORIZED TO PICK-UP?  YES  NO

NAME \_\_\_\_\_

                    First                    Last

EMAIL \_\_\_\_\_

PHONE Home \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

**STANLEY BRITISH PRIMARY SCHOLARS APPLICATION, *continued***

**STUDENT MEDICAL HISTORY AND HEALTH CARE PROVIDER AUTHORIZATION**

Any known allergies that might require care at camp? e.g. anaphylaxis  Yes  No

Any health or medical concerns that might affect your child at camp?  Yes  No

Will your child need medication administered during camp?  Yes  No

Is there any reason(s) your camper cannot participate in any physical activities?  Yes  No

If yes, please explain \_\_\_\_\_

During summer camp, should an emergency arise, do you authorize Summer at Stanley to seek medical treatment for your child?  Yes  No

Does your child have any dietary restrictions? \_\_\_\_\_

During summer camp, can you child use the provided sunscreen provided at Summer at Stanley?

Yes  No, we will bring and administer our own sunscreen.

Do you authorize Stanley BPS to use photography of your child for use on our website, admissions, and/or any communications?  Yes  No

During summer camp, off campus field trips may occur. Do you authorize Summer at Stanley to transport your child as a part of the program?

Yes  No

**FAMILY INTEREST AND INFORMATION**

Would you like to get information at the admission process at Stanley British Primary School?

Yes, please email me! \_\_\_\_\_

Yes, please call me! \_\_\_\_\_

No, thank you.

Did/ does any relative attend Stanley BPS? If so, name and relationship to student:

\_\_\_\_\_

SIBLING \_\_\_\_\_ AGE \_\_\_\_\_ CURRENT SCHOOL \_\_\_\_\_

SIBLING \_\_\_\_\_ AGE \_\_\_\_\_ CURRENT SCHOOL \_\_\_\_\_

SIBLING \_\_\_\_\_ AGE \_\_\_\_\_ CURRENT SCHOOL \_\_\_\_\_

**PARENT CONSENT** *Please remember, immunization forms, medical care plans, and liability waivers are required prior to the start of camp.*

Has your child had formal testing and/or received extra support for developmental, academic or social/emotional needs, and behavior/ disciplinary actions that we need to be aware of?  Yes  No

**APPLICATION FEE AND SIGNATURES**

Please enclose your completed application along with your \$25 application fee, immunization forms, medical care plan (if applicable), and liability waiver to: **Stanley British Primary School, 350 Quebec Street, Denver, Colorado 80230 Attention: Summer at Stanley**

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

*Please submit any legal arrangements concerning the student. Thank you for applying to Stanley BPS, and we look forward to meeting your child.*