

**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

K 1st 2nd 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 medical care plans, and liability waivers are required prior to the start of camp.*

APPLICATION FEE AND SIGNATURES

Please enclose your completed application along with your \$25 application fee, 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.