

STANLEY BRITISH PRIMARY SCHOOL
STANLEY SCHOLARS APPLICATION

STUDENT INFORMATION

NAME: _____ PREFERRED NAME _____
 First Middle Last

DATE OF BIRTH Month _____ Day _____ Year _____ MALE FEMALE SELF IDENTIFY _____

CURRENT GRADE: _____

Current School: _____ Current School Address and Phone _____

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

PARENT/GUARDIAN- A

PARENT/GUARDIAN- B

Relationship to student _____ Relationship to student _____

NAME _____ NAME _____
 First Last First Last

ADDRESS _____ ADDRESS _____

PHONE Home _____ PHONE Home _____
 Work _____ Cell _____ Work _____ Cell _____

E-MAIL _____ E-MAIL _____

EMPLOYER _____ EMPLOYER _____

TITLE _____ TITLE _____

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

HOUSEHOLD DEMOGRAPHIC INFORMATION

IS THE APPLICANT LATINX/HISPANIC? Yes No

ETHNICITY (please select all that apply) Asian Black or African American Middle Eastern Native American

Native Hawaiian or other Pacific Islander White Race not listed

PICK-UP AUTHORIZATION AND EMERGENCY CONTACTS *(must be someone other than the parent/guardian)*

EMERGENCY CONTACT

SECOND EMERGENCY CONTACT

Relationship to student _____ Relationship to student _____

AUTHORIZED TO PICK-UP? YES NO

AUTHORIZED TO PICK-UP? YES NO

NAME _____ NAME _____
 First Last First Last

EMAIL _____ EMAIL _____

PHONE Home _____ PHONE Home _____
 Work _____ Cell _____ 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 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 _____

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

FEE AND SIGNATURES

Please enclose your completed application along with your \$25 Scholars fee, medical care plan (if applicable), and liability waiver to:
Stanley British Primary School, 350 Quebec Street, Denver, CO 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 Stanley Scholars, and we look forward to meeting your child.