Elevate Academy 2023

Student Registration Form

Please contact your child's home school if you have questions about Elevate Academy or this form.



STUDENT INFORMATION

ast Name:			First: Mid		lle:				
ddress:									
ate of Birth	School:			Current Grade:				-	
PARENT/GUARDIAN PERMISSION									
I give permission for my student, (fill in student's name), to participate in the Elevate Academy summer 2023 program.									
☐ YES, I GIVE PERMISSION Name of Parent/Guardian (print):					□ NO, I DO NOT GIVE PERMISSION				
Signature of Parent/Guardian: Date:							re:		
PARENT/GUARDIAN CONTACT INFORMATION									
Name of Parent/Guardian	Relation: Student	-	Address			Phone Numbers		Email	
•						Best:			
						Other:			
						Best:			
						Other:			
			EMER	RGENCY CON	ITACT INI	ORMATION			
Name		Relationship to Student			Best Phone Number		Other Phone Number		
ALTERNATIVE PIC	K UP: St	udents w	ill ONLY b	e released to	o the peo	ple listed below and	d identif	ication will be requested.	
Name		Relationship to Student			Best Phone Number		Other Phone Number		
CURRENT HEALTH INFORMATION									
Does your student hav	e any hea	lth or dev					seizures,	asthma, mental health	
diagnosis. □Yes □	No								
If yes, please describe:									
Does your student have any food or other allergies? If yes, please describe:									
MEDICATIONS: Please list all medications and dosages your child takes on a regular basis.									
Medication								n Receiving Treatment	

ATTENDANCE & BEHAVIOR POLICY

Academy is an invitation-only program available to expected to attend each day and exhibit appropri	to a limited number of students. Students who accept a position in the program are riate behavior. Continued participation in the program is dependent upon regular may be dismissed from the program if they do not regularly attend or do not exhibit
Initial here to indicate you have read an	nd understand the Elevate Academy Behavior and Attendance Policy.
	TRANSPORTATION
Bus transportation is provided to students attendance area.	ts who are attending summer programs who live in the school's
-	ol during the school year (living in a non-transported area), then your eschool during the summer as well. An FCPS bus will transport your summer school site, if different.
Please indicate how your child will be transported to	to the summer school site.
☐ CAR ☐ WALK to summer school site school	□ FCPS BUS □ WALK to home school and receive FCPS BUS transportation to summer school site
If student is being picked up or dropped off (still wit full address here:	ithin the home school's attendance area) at an alternate address, please write the exact
Alternate Pick Up Location:	Alternate Drop Off Location:
PERM	MISSION TO LEAVE CAMPUS
During the Elevate Academy staff may find it benefic of the students. Students will be monitored at all tin	icial to walk students to a nearby park, soccer field, etc. in order to best meet the needs imes by the staff.
Initial here to give permission for your child to leav	ave campus Initial here if you DO NOT want your child to leave campus
PERMISSIO	ON TO PHOTOGRAPH or VIDEO STUDENT

During the program, staff may photograph/video students while they are engaged in activities. These photographs/videos may be used in FCPS promotional materials, webpages, or other social media.

Initial horo	to authorize use of photograph or video	Initial here	if you DO NOT want your child to be inhotographed or videoed