

Campbell County Schools Summer Camp Form

Please fill out both sides completely.

Hours: 8am – 3pm

Dates: June 1st and 2nd, June 6th- 9th, June 13th-16th,
June 20th -23rd, June 27th-28th

School Information:

The school the student was enrolled during the 2021-2022 school year: _____

The school where the student will be attending summer camp: _____

Student Information Summer 2022 Grade (during 2021-2022 school year) _____

Last Name _____ First _____ Middle _____ Suffix _____

Date of Birth _____ Gender Male Female Ethnicity (choose one) Hispanic Non-Hispanic

Race (circle all that apply) White (W) Black (B) Asian (A) American Indian (I) Pacific Islander (P)

Sibling(s) Name & Grade _____

Is student a ward of the state? No Yes School last attended _____

Previous School's Address & Phone _____ (____) _____ - _____

Disclaimer: Social Security Number is not required.

Information required by State of TN Mother's Maiden Name _____

Student's: Birth Country _____ Birth County _____ Birth City _____ Birth State _____

In USA 3 years or less Yes No If yes, provide date entered _____ Country of Origin _____

Information for person(s) student lives with (student's primary home address)

Primary Contact Last Name _____ First _____ Middle Initial _____ Suffix _____

Relation to student: _____ Legal Custody Yes No If no, specify person(s) with legal custody
_____ Primary Language English Other (please specify) _____

Phone: Primary (number to call first) (____) _____ - _____ Secondary (____) _____ - _____

Work (____) _____ - _____ (Ext.____) Work location name _____ E-Mail _____

Contact 2 Last Name _____ First _____ Middle Initial _____ Suffix _____

Relation to student: _____ Legal Custody Yes No If no, specify person(s) with legal custody
_____ Primary Language English Other (please specify) _____

Phone: Home (____) _____ - _____ Cell (____) _____ - _____

Work (____) _____ - _____ (Ext.____) Work location name _____ E-Mail _____

Address information (must provide physical address)

House # _____ Street _____ Lot # _____ or Apt # _____

City _____ State _____ Zip _____

Mailing Address (only if different) _____ City _____ State _____ Zip _____

School Information

Transported by parent(s) No Yes Bus Available No Yes If no, specify why _____

Bus Information Morning Bus # _____ Miles transported one-way _____

Evening Bus # _____ Miles transported one-way _____

Even if your child does not normally ride the bus, please provide bus information if a bus is available. Your child will NOT be placed on a bus without your permission.

In case of emergency, I/we give permission for authorized personnel to have my child transported to the hospital by EMS if the parent/guardian cannot be reached. In such cases:

Physician's Name _____ Phone (____) ____ - _____ Medical Insurance? No Yes

Allergies _____ Current medications _____

In case of early dismissal, my child should:

Ride the bus Remain at school until picked up by someone authorized by parent/guardian

Parent/Guardian Signature _____ DATE _____

Permission to Pick Up Student List/Emergency Contact Information

Use this area to complete information for parents the student does *not* live with, and/or other relatives, friends, etc. who you would like to be contacted in case of emergency and/or have permission to pick up your child; please fill in as much information as possible for at least **two** contacts:

Contact 3 Last Name _____ First _____ Middle Initial ____ Suffix _____

Relation to student: _____ Legal Custody Yes No If no, specify person(s) with legal custody
_____ Primary Language English Other (please specify) _____

Phone: Home (____) ____ - _____ Cell (____) ____ - _____

Work (____) ____ - _____ (Ext ____) Work location name _____ E-Mail _____

Contact 4 Last Name _____ First _____ Middle Initial ____ Suffix _____

Relation to student: _____ Legal Custody Yes No If no, specify person(s) with legal custody
_____ Primary Language English Other (please specify) _____

Phone: Home (____) ____ - _____ Cell (____) ____ - _____

Work (____) ____ - _____ (Ext ____) Work location name _____ E-Mail _____

Pick up restrictions Please provide information concerning who may/may not pick up your child(ren).

Persons allowed to pick up student (other than listed above) _____

Persons not allowed to pick up student _____

NONDISCRIMINATION POLICY STATEMENT - The Campbell County School System does not discriminate on the basis of race, color, national origin, sex, disability, or age in its educational programs, activities or employment policies and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding compliance on the non-discrimination policies should be directed to 504/Title IX Coordinator at (423)562-8377