

## Savannah-Chatham County Public School System Young Males School Readiness Camp 2019 For Rising 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> Grade Boys

STUDENT INFORMATION				
Legal Last Name:	Legal First Name:	Legal Middle Name:		Suffix
Grade: (2019-2020)	Birth Date:	Age:	Student ID/FTE	Number:
Student's Shirt Size:				
Home Address: (Street Address & Apartment No.)	City:	State:	Zip Code:	
Mailing Address: (If different from above)	City:	State:	Zip Code:	
Race/Ethnicity:  ☐ Black ☐ Native Hawaiian/Pacific Islander		panic or Latino		
	STUDENT HISTORY			
Attended SCCPSS before:	Last school attend in SCCPSS:	Previous school attended (If not SCCPSS):		
Last school year attended:	Last grade attended:	Has the student ever been retained?  ☐ No ☐ Yes (Please enter grade of retention):		
Does student have an IEP?	Has student been in ELL/ESOL Program?	Which area is your child's greatest strength? (Please check one.)		
□ Yes □ No	☐ Yes ☐ No	☐ Math ☐ Reading ☐ Social Skills		
PARENT/LEGAL GUARDIAN INFORMATION  Student lives with: (If other than parent, legal documentation is required.)				
☐ Mother ☐ Father ☐ Both parent Parent/Legal Guardian Registering student:	s	Other (Specify relation First Name:	onship):	
☐ Mother ☐ Father ☐ Guardian ☐ Other				
Address: (If different from student's)		E-mail Address:		
Home Phone:	Work Phone:	Cell phone or pager:		
Marital Status:	Speaks English:			
	☐ Yes ☐ No			
OTHER PERSO	NS ALLOWED TO CHECK STUDEN  ***Must have state issued photo identification		CAMP	
First & Last Names:	Phone Number:	Relationship to Student:		
First & Last Names:	Phone Number:	Relationship to Student:		
First & Last Names:	Phone Number:	Relationship to Student:		
Parent's Printed Name:	Parent's Signature:	Date:		

\*SCCPSS- Savannah Chatham County Public School System

\*IEP- Individualized Education Plan

\*ELL-English Language Learners

 ${\bf *ESOL\text{-}English\ Speakers\ of\ Other\ Languages}$ 

FORM 100-620-0001 REVISED 4/30/2012