



STUDENT APPLICATION
STUDENT INFORMATION

Full Name:			
	Last	First	Date
Age:	Grade:	Male or Female:	
Address:			
	Street Address		Apt. #
	City	State	Zip Code
School Name:		Chaperone Name:	
Clinic Attending:	Band:	Choir:	Strings:
Will you need a dorm room?	Yes:	No:	
Who would you like in the room? (up to 3)			

MEDICAL INFORMATION

Does the above child have any current medical problems? Y or N	Please list:
Is he/she taking any medication? Y or N	Please list:
Are there any restrictions to physical activity? Y or N	Please list:
Does he/she have any allergies? Y or N	Please list:

EMERGENCY CONTACT INFORMATION

Name of Contact Person/s:	
Home Phone #:	Cell Phone #:

I, the undersigned, do give my permission for _____ to attend the Music Festival 2010, travel to community performances, and participate in other related activities at Fletcher Academy, Inc. In case of an accident involving injury during Music Festival 2010, the school has my permission to have my child treated in the E.R. or at a doctor's office.

Signature of Parent/Guardian

Date