

2020-2021 PRIMETIME STUDENT PARTICIPATION FORMS

COMPLETE ONE FORM PER STUDENT

STUDENT INFORMATION

Please print legibly.

1. School Name: _____ 2. Grade Level: _____
3. Student Last Name (LEGAL NAME): _____ First: _____ Middle: _____
4. Nickname: _____ 5. Other Name(s) Used Previously (AKA): _____ 6. Birth Date: ____ / ____ / ____
7. Gender: M F Non-Binary 8. Age: _____ 9. Ethnicity: _____ 10. Home Phone Number: (____) _____
11. Household Address: _____ City: _____ State: ____ Zip Code: _____
12. Mailing Address (if different from Household Address): _____ City: _____ State: ____ Zip Code: _____

SIBLING INFORMATION

Include only siblings who are currently participating in PrimeTime at this school, if applicable.

Sibling 1 Legal Name: _____ Grade: ____ Sibling 4 Legal Name: _____ Grade: ____
Sibling 2 Legal Name: _____ Grade: ____ Sibling 5 Legal Name: _____ Grade: ____
Sibling 3 Legal Name: _____ Grade: ____ Sibling 6 Legal Name: _____ Grade: ____

CONTACT INFORMATION

You must provide information for three contacts. For additional contact information, use **Additional Emergency Contact Information** Section on Page 2.

1. ENROLLING PARENT/GUARDIAN OR FOSTER PARENT

Full Name _____ Relationship to student _____ Lives with student Yes No
If no, provide address: _____ City: _____ State: ____ Zip Code: _____
Primary Language: _____ Home Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____
Employer: _____ Work Phone: (____) _____

2. OTHER PARENT/GUARDIAN OR FOSTER PARENT

Full Name _____ Relationship to student _____ Authorized to Pick Up Student Yes No
Lives with student Yes No If no, provide address: _____ City: _____ State: ____ Zip Code: _____
Primary Language: _____ Home Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____
Employer: _____ Work Phone: (____) _____

3. EMERGENCY CONTACT

Full Name _____ Relationship to student _____ Authorized to Pick Up Student Yes No
Lives with student Yes No If no, provide address: _____ City: _____ State: ____ Zip Code: _____
Primary Language: _____ Home Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____
Employer: _____ Work Phone: (____) _____

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Student Last Name (LEGAL NAME) _____ First _____ Middle _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

1. Name: _____ Address: _____ Telephone: _____ Relationship: _____
2. Name: _____ Address: _____ Telephone: _____ Relationship: _____
3. Name: _____ Address: _____ Telephone: _____ Relationship: _____

STUDENT'S HEALTH HISTORY INFORMATION

PrimeTime operates on the school campus; however, your child's health information and medication may not be accessible to PrimeTime. To ensure PrimeTime provides a physically and emotionally safe environment for your child, please fill in all information and attach documents if needed. To request PrimeTime staff administer medication to your child while attending PrimeTime, parent/guardian and healthcare provider must complete and sign the **Authorization to Administer Medication Form** available from the Program Leader. Participation in PrimeTime may be delayed if appropriate accommodations cannot be made prior to student's participation. Withholding or not providing documentation may result in your child's disenrollment from PrimeTime.

1. A) Does your child have any of the following medical conditions?

- Asthma ADD/ADHD Diabetes Severe Allergy/Epinephrine Autoinjector Seizure Disorder None Other _____

If you marked any condition above, please describe the type (if applicable): _____

B) Will your child require medication during PrimeTime? Yes No

If yes, parent/guardian and physician/healthcare provider must complete **Authorization to Administer Medication Form**. Please provide the name(s) of required medication: _____

2. Please list any food, drug, or environmental allergies, dietary restrictions or physical activity limitations: _____

3. Does your child have a medical condition requiring staff assistance? Yes No If you answered yes, please describe medical condition: _____

4. Does your child have any of the following during the regular school day? 504 Plan IEP One-On-One Support None

If you marked any of the above, please describe your child's medical condition and/or disability, please attach a copy: _____

5. Specify any other illness, injury, social/emotional needs, medication taken regularly at home, or medical condition PrimeTime Program staff should be made aware of to make accommodations for your child.

6. Please provide any additional information that would help your child's success in the PrimeTime Program.

SAN DIEGO UNIFIED SCHOOL DISTRICT
Extended Learning Opportunities Department

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Student Last Name (LEGAL NAME) _____ First _____ Middle _____

PARENT/GUARDIAN/FOSTER PARENT ACKNOWLEDGEMENT

Please read the following carefully and acknowledge your agreement by signing

Program/Student Evaluation

I hereby give my consent for PrimeTime staff to discuss my child's academic and behavior progress with school personnel to determine areas of need. I understand that information about my child's progress in school, as well as surveys given to parents, teachers, and administrators, may be used to evaluate the program and data shall remain confidential and my child's name shall not be released or identified under any conditions.

Photo/Video/Media Release

During the school year, schools will hold events that the news media, SDUSD and/or PrimeTime Partners may like to feature. A representative may be on campus to gather photographs and/or video footage highlighting the event and featuring PrimeTime students. We value your child's participation, and ask for your permission to include him/her. Please indicate by checking the box(es) below whether your child has your permission to participate:

- Yes, I give my permission to have my child interviewed and photographed/videotaped by the news media.
- Yes, I give my permission to have my child photographed by the District and/or PrimeTime Partners. Photos may be used on District and/or PrimeTime Partner's website.
- Yes, I give my permission to have SDUSD and/or PrimeTime Partners feature my child's school work using first name only (e.g. art, essays, etc.).
- Yes, I give my permission to have my child be videotaped by the District and/or PrimeTime Partners. District staff or the public may view videos.
- No, I do not want my child photographed or videotaped.

2020-2021 PrimeTime Parent/Guardian Handbook

- I have read, and agree to abide by the policies and procedures included in the 2020-2021 PrimeTime Parent/Guardian Handbook; available at <https://www.sandiegounified.org/primetime>.
- I understand that it is my responsibility to keep all information current; failure to do so may result in disenrollment.
- I agree to inform my child that he/she must follow all school and program rules.

In signing below, I acknowledge and am in agreement with the Program/Student Evaluation, Photo/Video/Media Release (checked boxes only), and the 2020-2021 PrimeTime Parent/Guardian Handbook.

Parent/Guardian/Foster Parent Signature: _____ Date: _____

Program Leader Signature: _____ Date: _____