

**2018 Summer On-Campus Boot Camp
Garner Magnet High School**

Complete this application ONLY after you have been verbally approved.

STUDENT INFORMATION: (Please print clearly and answer all questions completely).

Name: _____ Power School No.: _____

Address: _____

Home Phone: _____ Email Address: _____

Base School: Garner Magnet High School Base School #: 920436

Grade enrolled in during 2017-2018: _____

What year should you graduate? ____ 2018 ____ 2019 ____ Other

Course Request(s):

1. _____ Repeating? Yes ____ No ____

2. _____ Repeating? Yes ____ No ____

Allergies/Medical conditions: _____

EMERGENCY INFORMATION:

Contact name: _____

Relationship: _____

Telephone number: _____

If the student is a senior, what transportation will the student be using? (**Buses are not provided during the summer.**)

Drop-off or Carpool

Drive Own Personal Vehicle:

Make & model of the vehicle: _____

License Number: _____

****For Office Use Only****

Received by _____ Date/Time _____

Course(s) approved _____