

Vacation 2017 Application

Vacation Day Dates: _____

Student Information

First _____ **Date of Birth** _____
Last _____ **Gender** M F
Address _____
City _____ **Grade** _____
State _____ **ZIP Code** _____ **Name of Current School** _____
Home Phone: () _____ **Siblings (Age)** _____

Parent(s)/Guardian(s)

Parent/Guardian #1 _____	Parent/Guardian #2 _____
Home Phone () _____	Home Phone () _____
Mobile Phone () _____	Mobile Phone () _____
Address _____	Address _____
City _____	City _____
State _____ ZIP Code _____	State _____ ZIP Code _____
Occupation _____	Occupation _____
Email _____	Email _____
Relationship _____	Relationship _____

Medical Insurance

Subscriber's Name _____ **Insurance Name** _____
Subscriber's Phone () _____ **Group Number** _____
Primary Care Name _____ **Primary Care's Number** () _____
Allergies/medical condition _____

Alternative Emergency Contacts

Emergency Contact #1 _____	Emergency Contact #2 _____
Home Phone () _____	Home Phone () _____
Work Phone () _____	Work Phone () _____
Address _____	Address _____
City, ST ZIP Code _____	City, ST ZIP Code _____

Parent/Guardian's Signature _____

Parent/Guardian's Signature _____

Photography Consent Form

I, (print full name) _____, as the parent/guardian of my
child, (child's name) _____, hereby grant full permission to the
S.E.T. School of Metrowest to use my child's photo on their Web site and other advertising
materials (printed or electronic) for the purpose of illustrating typical educational activities.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date