



# 21<sup>st</sup> Century Community Learning Centers

## 2021 Summer School Application and Parental Permission Form

**Summer School Location: Albert Gallatin North Middle School**

**Grades: 6 - 8**

**Dates: June 14 – August 5**

**When: Monday – Thursday (9am-12:30pm)**

**Price: FREE to attend with FREE transportation and food provided!**

**Student Name:** \_\_\_\_\_

**2021-2022 Grade Level:** \_\_\_\_\_

**Primary Parent(s)/Guardian(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Numbers (cell/home):** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Other approved individuals authorized to pick student up:** \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact/Phone:** \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies (food, bee stings, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list all allergies: \_\_\_\_\_

I want my child to be transported by bus from the program: Yes \_\_\_\_\_ No \_\_\_\_\_

I will transport my child from the program: Yes \_\_\_\_\_ No \_\_\_\_\_

My child is allowed to walk home: Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child permitted to be photographed? Yes \_\_\_\_\_ No \_\_\_\_\_

To participate in the 21<sup>st</sup> CCLC Summer School Program through Albert Gallatin School District at Albert Gallatin North Middle School, I give permission for pertinent information from my child's academic and attendance records to be used in assisting 21<sup>st</sup> CCLC tailor the program to fit the academic needs of students participating in the program. This includes 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Nine Weeks Report Cards, Discipline Reports, PSSA test scores, local level test scores, and Individualized Education Programs (IEPs). Your signature also allows our External Evaluator, Stacey Papa, to use the student academic and attendance records listed above to provide external evaluation services. All student information will be kept confidential.

Your signature also indicates your understanding that students are bound by the same Internet policy as during the school day.

Parent/Guardian (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to Albert Gallatin North Middle School to enroll. Students are eligible to sign up throughout the summer. Please direct any questions to:

Program Director Steve Strange at [sstrange@eeucc.org](mailto:sstrange@eeucc.org) or 724-366-0415, or  
AGN Site Coordinator Mrs. Hadenak at [megan.hadenak@agasd.org](mailto:megan.hadenak@agasd.org).