

**BOARD OF TRUSTEES
CARSON CITY SCHOOL DISTRICT**

**REGULATION 509
FORM B**

VITAL INFORMATION

Student's Name		Grade:	
Date:	<i>Circle one:</i>	Female	Male
Birthdate:		Age:	
Address:			
Home Phone:		Cell Phone:	
Student email address:			
Parent/Guardian Work Phone:			
Parent/Guardian email address:			
Does the student require any special services that the District should consider in connection with the Application to participate in the Adult Education Program? If, yes explain issue.		<i>Circle one:</i> Yes No	

Who referred you to the Adult Education Program? _____

Parents/Guardian/Students: Please write a paragraph explaining why the student should be allowed to participate in the Adult Education Program and what the student intends to accomplish, including credits to be obtained, etc. _____

In Case of an Emergency Notify:	
Name:	
Relationship:	
Telephone Number:	Cell Number:

The name of the emergency contact person must be legally responsible for your care and be able to give permission for medical treatment in an emergency.

Student Signature _____
Parent/Guardian Signature _____ (required if student is under age of 18)