



San Jose Unified  
School District

Suzanne Barbarasch, *Principal*

# HOOVER MIDDLE SCHOOL

"Inspiring and Preparing for Success"

## New Student Orientation/Summer Bridges Application Wednesday, August 12<sup>th</sup>, 2009

**PLEASE COMPLETE THIS FORM AND RETURN TO HOOVER NO LATER THAN THURSDAY, AUGUST 6<sup>TH</sup>.**

**Student Name:** First \_\_\_\_\_ Last \_\_\_\_\_ **Grade Level:**(this fall) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Parent/Guardian 1:** Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

**Parent/Guardian 2:** Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

### Emergency Contacts/Persons Authorized to Pick Up Student:

In the event of an emergency, who should we contact if you cannot be reached? (Must be over the age of 16. Only guardians and adults listed below will be able to pick up your student. *Picture ID required for pick up.*

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Alternate #: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Alternate #: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### Medical Information:

Does your student have a medical condition the school should be aware of?  Yes  No  
(allergies, asthma, diabetes, etc.)

If yes, please describe: \_\_\_\_\_

Does your student take any medication(s)?  Yes  No

If yes, please list: \_\_\_\_\_

*If medications need to be taken during the school day, please contact the school at: 408.535.6274.*

### Swimming Information:

Will your child be participating in free swim (after the program)?  Yes  No

*A lifeguard will supervise the post-program free swim.*

### Parent Workshop:

Please choose the Parent Workshop you will be attending:  8:15a.m.  5:30p.m.

PARENT/GUARDIAN SIGNATURE: 

DATE: \_\_\_\_\_

**Call or return to Hoover Middle School no later than Thursday, August 6<sup>th</sup>.**