

# APPLICATION FORM FOR 2007 L.I.F.T.S.

Please fill out a separate form for each child who is participating.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

Phone \_\_\_\_\_ Age: \_\_\_\_\_ Male or Female (circle)

Course Selection: **Please do not choose a course above your current grade level.**

1st Choice: \_\_\_\_\_ # \_\_\_\_\_

2nd Choice: \_\_\_\_\_ # \_\_\_\_\_

3rd Choice: \_\_\_\_\_ # \_\_\_\_\_

Please indicate below any health considerations of which we should be aware including, allergies (bee stings), medications, etc.

\_\_\_\_\_

## Field Trip Permission

I hereby grant permission for my child \_\_\_\_\_ to go on field trips within walking distance of Greenwich Central School.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature