

Ground School Application

Student's Name

First _____

Last _____

Parent/Guardian Name

First _____

Last _____

Parent/Guardian Address

Parent/Guardian Email

Parent/Guardian Phone Number

Other Emergency Contacts

If the student does not drive, who is authorized to pick up student?

Medical Information

Please list any facts concerning the student's medical history or conditions and current medications of which a physician and Challenger Learning Center should be informed.

Medical Release

If the Challenger Learning Center is unable to reach a parent/guardian or emergency contact, I authorize the Challenger Learning Center to consent on our behalf to medical treatment for our child and I agree to assume liability for any medical expenses incurred.

School Recommendation

(Teacher or Administrator signature)

Parent/Guardian signature

Please initial.

_____ Date

_____ Date

*Please return form to Challenger Learning Center, 2600A Barhamville Rd, Columbia, SC 29205
or Challenger@richlandone.org*