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.

Please initial.

What school does the student attend? _____

School Recommendation

_____
(Teacher or Administrator signature) Date

Parent/Guardian signature _____
Date

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