

PALO ALTO COLLEGE  
**STEM**  
*Summer Experience*

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Gender: \_\_\_\_ Male \_\_\_\_ Female Ethnicity: \_\_\_\_ Hispanic \_\_\_\_ Non-Hispanic Race: \_\_\_\_\_

**GUARDIAN INFORMATION**

Relationship to the Student: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**GUARDIAN #2 INFORMATION**

Relationship to the Student: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE PROVIDE EMERGENCY CONTACTS (NAMES OTHER THAN THE PARENT/GUARDIAN)**

|                              |                              |
|------------------------------|------------------------------|
| <b>Emergency Contact #1:</b> | <b>Emergency Contact #2:</b> |
| Name: _____                  | Name: _____                  |
| Primary Phone: _____         | Primary Phone: _____         |
| Cell Work: _____             | Cell Work: _____             |

**OTHER INDIVIDUALS APPROVED TO PICK UP AND DROP OFF YOUR CHILD:**

|             |              |
|-------------|--------------|
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |

**SPECIAL HEALTH CONCERNS:**

Describe any special medical conditions that your child may have: \_\_\_\_ Yes \_\_\_\_ No  
Explain: \_\_\_\_\_

Does your child have any allergies: \_\_\_\_ Yes \_\_\_\_ No  
Explain: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_