



Kodiak High School
722 Mill Bay Road
Kodiak, Alaska 99615

Summer Intensives

• Welding • Woods Construction

• Cosmetology • Culinary

Open to incoming 9th graders – outgoing 12th graders

Dates: June 1 – June 18 **Monday through Friday**

Time In-Person:

8:30 AM – 12:00 PM Class

12:00 PM – 12:30 PM lunch

12:30 PM – 3:00 PM Class

Bus service will **not** be available.

- Upon completion with passing grade, each student will receive \$50 worth of materials.
- Upon completion with passing grade, each student will receive 0.5 credit per course completion, equivalent to one semester.
- Class size is limited. Submission of form does not guarantee placement. Students and parents/guardians will be notified of acceptance.

If you have any questions, please feel free to contact Joyce Blair, Summer Intensives Principal at jblair01@kibsd.org or 907-486-7412.

Please return this form by Friday, May 7, 2021.

Select intensives in order of preference:

_____ Welding _____ Woods Construction _____ Cosmetology _____ Culinary

Student Name: _____

Current Grade: _____

School: _____

Date of Birth: _____

Parent/Guardian: _____

Primary Phone: _____

*Updated April 14, 2021

Conditional Medical Waiver / Optional Media Release Form / Student Medical/Emergency Information

CONDITIONAL MEDICAL WAIVER

I, _____, parent/guardian of _____, in consideration of my son's/daughter's opportunity to participate in activities hereby give consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of illness or injury during all periods of time in which the student is away from his/her legal residence as a member of a School District sponsored activity team or group, and hereby waive on behalf of myself and the above named child, any liability of the School District, and of its agents, or employees arising out of such medical treatment.

OPTIONAL MEDIA RELEASE

I understand that as part of my child's participation in this activity, photos, videos, and quotations may be taken for use in publications, the KIBSD website, and reports about the program. I further understand that members of the news media may be invited to cover the program may take photos, videos and quotations. I grant permission for such materials to be used for the promotion of the program.

Parent/Guardian Printed Name	Signature	Date
------------------------------	-----------	------

Parent/Guardian Printed Name	Signature	Date
------------------------------	-----------	------

Student Full Printed Name	Signature	Date
---------------------------	-----------	------

Student Age	Student Date of Birth
-------------	-----------------------

STUDENT MEDICAL/EMERGENCY INFORMATION

Preferred medical facility in Kodiak _____

Family Insurance information _____ **In case**

of emergency, I can be reached at the following phone numbers:

Daytime Phone Number(s)	Evening/Night Phone Number(s)
-------------------------	-------------------------------

Daytime Phone Number(s)	Evening/Night Phone Number(s)
-------------------------	-------------------------------

Emergency Contact:

Name(s)	Phone	Relationship to child
---------	-------	-----------------------

List medications, foods, and/or other environmental conditions to which your child may have allergies:

List any physical limitations your child has: _____

List any medications that your child is currently taking (include directions for use) or medical conditions:

Is there any other information about your child that would be helpful: