Hollywood Burbank Airport ACADEMY

GLENDALE UNIFIED SCHOOL DISTRICT STUDENT APPLICATION

Submit your completed application to your teacher or email the application to nmakijan@gusd.net by November 9, 2018.

Complete application will include:

- **✓ STUDENT INFORMATION**
- ✓ SIGNED PARTICIPATION AGREEMENT
- ✓ EMERGENCY CONTACTS
- ✓ EMERGENCY FORM
- ✓ SIGNED PARENT/GUARDIAN CONSENT FORM

STUDENT INFORMATION

STODERT INTORVIATION			
LAST NAME	FIRST NAME	BUSD STUDENT ID #	
GRADE LEVEL	SCHOOL OF ATTENDANCE		
STREET ADDRESS	CITY	ZIP CODE	
STUDENT CELL PHONE	PARENT PHONE	PARENT PHONE	
STUDENT EMAIL	PARENT EMAIL	PARENT EMAIL	

EMERGENCY CONTACTS

LAST NAME	FIRST NAME	PHONE
LAST NAME	FIRST NAME	PHONE

LAST NAME	FIRST NAME	PHONE
Briefly explain your reasons fo	or wanting to attend the Holly	wood Burbank Airport Academy
STUDENT PARTICIPATION AGE	REEMENT	
✓ I am responsible for all assig✓ This constitutes my permiss	_	fter scheduled Academy sessions. raphy to be used for media
STUDENT NAME (please print)	DATE	
STUDENT SIGNATURE		
PARENT/GUARDIAN CONSENT		
✓ My student is responsible for sessions.✓ This constitutes my permiss	following: to the following:	tography to be used for media
PARENT/GUARDIAN NAME (please print)	DATE	
DADENT/CLIA DDIANI SICNATUDE		