

Official Use Only

School Name: _____

Level of Spanish: _____

Family: _____

AATSP Spanish Immersion Camp Student Application 2009-2010

Name: _____

Gender: Female Male

Level of Spanish: 2 3 4 5 AP Email Address: _____

Student's Cell Phone: _____

Parent's Name(s): _____

Parent's Phone Number(s): _____

T-Shirt Size: _____ Spanish Name: _____

FOR THE TEACHER: I, the undersigned, state that I am a current, dues-paid member of AATSP Georgia Chapter and that each student I am sponsoring is enrolled in my class, as verified in the attached copy of the official class roster. I recommend this student for participation in the Immersion Camp. To my knowledge, the student does not present any behavior problems. I believe that this student will not only benefit from the Program, but can also contribute to its success by speaking Spanish as much as possible, thus adhering to the purpose of the camp.

Teacher Signature _____ Date: _____

FOR THE STUDENT: I, _____, the undersigned, understand that this program is offered in order to give participants the opportunity to speak Spanish for an entire weekend. I realize that this is a learning experience and that participation in workshop sessions and other planned activities is required. I also agree to comply with the rules designated by Camp Fortson and the AATSP Immersion Camp staff, which will be included in the letter of confirmation. It is understood that any infraction will result in my being sent home at my parent's expense.

Student Signature: _____ Date: _____

FOR THE PARENT: I, the undersigned, give my son/daughter (print student name) _____ permission to attend the Spanish Immersion Program, March 19-21, 2010. I understand that adult supervision will be provided at all activities and in each cabin. I will not hold Camp Fortson or the Georgia AATSP responsible for accidental injuries incurred en route or on camp premises.

Please write an \$85 check payable to your child's school and return to teacher in advance of application deadline, Monday, February 15, 2010.

Parent/Guardian Signature _____ Date: _____

- Student Health Insurance Company: _____
- Policy # _____ (Please attach a copy of the front/back of the card to the form)
- How will the student be getting to camp? Bus Parent Other Student Car Self Car
- Will the student be able to be at camp on time (by 6:00 PM)? Yes No
- Will the student be able to stay for the duration of camp (Until noon on Sunday)? Yes No
- Food Allergies: _____
- Medical Issues: _____