

Summer Residential Governor's School

PLEASE **PRINT** YOUR NAME EXACTLY AS YOU WOULD LIKE FOR IT TO APPEAR ON YOUR NAME TAG FOR GOVERNOR'S SCHOOL.

FIRST NAME _____ LAST NAME _____

GENDER: _____M _____F

T-SHIRT SIZE _____S _____M _____L _____XL

MAIL THIS SHEET, ALONG WITH EACH OF THE FOLLOWING, BY JUNE 6, 2011, TO:

Summer Residential Governor's School at
Lynchburg College
School of Sciences
1501 Lakeside Drive
Lynchburg, VA 24501

A RETURN ENVELOPE HAS BEEN ENCLOSED FOR YOUR CONVENIENCE.

- Course Selection Sheet**
- Student Medical Information form**
- Xeroxed copies of medical insurance card (all sides), prescription card (all sides), and driver's license or other photo identification. These should all be stapled to the medical information form.**
- Administering Prescription Medication Authorization for each medication to be administered during Governor's School (if applicable)**
- Authorization to Reproduce Physical Likeness/ Field Trip Permission Form**
- Authorization for Parent's Day**
- Agreements from student and parents**
- Teacher Nomination Form**
- Waiver form**
- Check for \$25, payable to Lynchburg College, with student's first and last name on the "memo" line, to cover deposit for room key and access card**