**NECP Overnight Registration Form**

*Registration Deadline:* ***4pm Friday of Weekend of Stay***

# **Name of NECP student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Stay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Certificate Gender Marker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Arrival: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NECP Student Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Residential Academy Host Student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Residential student grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your student driving themselves to Wagoner Hall for check in?** (circle one) **Yes**  **No**If yes, student must turn in keys upon sign-in to Wagoner Hall for Overnight Visitation.

**Are there any allergies we should be aware of?** (circle one) **Yes**  **No** If Yes, please list: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Emergency Contact Info

Parent/Guardian Emergency Phone Number(s): (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_ & (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

Does overnight NECP student have any medications during the Overnight Period?
 (circle one) **Yes**  **No**

If your student has prescribed medications considered to be controlled substances, they will need to sign them in and take them from the front desk. Please only bring the amount of medication needed for the night/morning in their prescription bottle.

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Acknowledgements

* I acknowledge that my student may be asked to leave or be picked up from Wagoner Hall at any time and that a parent/guardian will be available by phone throughout the visit.
* I acknowledge that in case of medical or mental health emergency while in Wagoner Hall, Academy staff may call 911, take my student to the Emergency Room, or call a parent/guardian to pick up the Non-Residential student in crisis
* I acknowledge that my student is responsible to follow all residential policies and procedures in addition to NECP Overnight guidelines as stated in the Student Handbook: <https://academy.bsu.edu/handbook/>

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_