



## Youth College Readiness Program Application

2019-2020

### STUDENT INFORMATION

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender:    \_\_\_ Male       \_\_\_ Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Personal Email: \_\_\_\_\_ School Email: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Grade: \_\_\_\_\_

Ethnicity (please circle):   White       Hispanic       Black       Native American

Indian   Asian/Pacific Islander    Multiracial (please explain) \_\_\_\_\_

Other: \_\_\_\_\_

Primary language spoken: \_\_\_\_\_ Primary language(s) spoken at home: \_\_\_\_\_

Do you currently receive free or reduced lunch? Please circle.       YES   NO

What is your overall grade point average (G.P.A)? \_\_\_\_\_

Are you currently on track to graduate high school on time/within four years?

\_\_\_\_\_

How many times have you been absent from school this school year:

\_\_\_ Never\_\_\_ 1-5 absences \_\_\_ 6-10 absences \_\_\_ 10+ absences



**PARENT/GUARDIAN INFORMATION**

Parent or Guardian's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent or Guardian's Highest Education Level:

K-8<sup>th</sup> grade  Some High School  GED  High School Diploma

AA Degree  Bachelor's Degree  Master's Degree  Doctorate Degree

Number of family members in your household: \_\_\_\_\_

**EMERGENCY LOCAL CONTACT:**

List at least one adult (over age 18), with different phone numbers, to be called in the event of an emergency if parents cannot be reached. Contacts are expected to act on behalf of parents. Parental permission to pick up child is implied. Contacts should be available at the indicated LOCAL phone number during program hours. Contacts should be made aware that they are listed.

Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Relation to Child \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**MEDICAL INFORMATION:**

**SPECIAL CARE INFORMATION:** Please share relevant information that would be useful in meeting your child's needs. If you answer Yes please explain.

Allergies: [  ]Yes [  ] No

If Yes: \_\_\_\_\_

Medical conditions/disabilities: [  ]Yes [  ]No

If Yes: \_\_\_\_\_

Current medications/dosage:[  ]Yes [  ] No

If Yes: \_\_\_\_\_



**Medication information is for emergency medical personnel. Middle Earth staff members are not permitted to administer medication.**

Does your child require: Epi-Pen  Yes  No                      Inhaler  Yes  No

Does your child have any social, emotional, speech, language, academic, family situations, etc. that we should be aware of?  Yes  No

If Yes:

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**PERMISSION TO BE PHOTOGRAPHED:**

I give permission for my child to be photographed during the Middle Earth program, to be featured in the Middle Earth Program brochure, Middle Earth website, social or news media, promotional materials, or in PowerPoint presentations.

I do NOT give permission for my child to be photographed during the Middle Earth program, to be featured in the Middle Earth Program brochure, Middle Earth website, social or news media, promotional materials, or in PowerPoint presentations.

**PERMISSION FOR FIELD TRIPS:**

I give permission for my child to participate in offsite field trips with the Youth College Readiness Program. I understand that my child will be transported in Middle Earth vehicles by a Middle Earth Staff. I understand that I will be notified about specific locations, dates, and times of the trips.

I do NOT give permission for my child to participate in offsite field trips.

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

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

