



# Program Enrollment Form

**Parent Information:**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Date		Program Year- Circle	Fall 2018 / Spring 2019
Last Name of Student		First Name of Student	
Home Address		Apartment Number	
City		State	
Zip Code			
Home Phone		Cell Phone	
Email		Document Check List:	Provide All Documents that Apply
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	*Provide All that Apply to your child	<input type="checkbox"/> 2017/2018 Report Card (Grades)
Date of Birth			<input type="checkbox"/> ACT Scores
Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic / Latina <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> No Response		<input type="checkbox"/> SAT Scores
School Type	<input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Other	Current Grade Level	9 <sup>th</sup> / 10 <sup>th</sup> / 11 <sup>th</sup> / 12 <sup>th</sup>
School Name		School Address	
Teacher/ Advisor		Email/Phone	

**PARTICIPANT HEALTH INFORMATION.**

Please check all that apply to the participant. We want to be as proactive as possible addressing both medical and health challenges. The more information you provide the better we can accommodate and minimize participants limitations within the program.

- |                                                   |                                                                                          |                                                                                        |                                                |
|---------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Allergies to food        | <input type="checkbox"/> Behavioral/Emotional Issues                                     | <input type="checkbox"/> Diabetes                                                      | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Allergies to medications | <input type="checkbox"/> Convulsions/Seizures                                            | <input type="checkbox"/> Medication                                                    | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Congestive Illness (e.g., heart murmur/disease, blood pressure) | <input type="checkbox"/> Corrective Devices (e.g., crutches, hearing aid, eye glasses) |                                                |

If you have checked any of the above OR there are other important health needs that may affect participation in the program, including activities that the participant MAY NOT do, please provide details below (Please indicate **ANY** and **ALL Food Allergies**):

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**PARTICIPANT INTERESTS:**

Interests/Activities	<input checked="" type="checkbox"/>	
	Likes/Strengths	Dislikes/Challenges 
Reading		
Math		
Media (digital art, photography, videography)		
Writing (poetry, short fiction, journaling)		
Art (painting, drawing, sculpturing)		
Performance (music, dance, drama)		
Science Technology Engineering Math/STEM		
Board Games		
Cooking & Nutrition		

The more information you can provide about the student would be helpful to the staff. Are there other services or activities that would be interesting and or helpful to the student? Please provide that information below:

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Does the student have an Individualized Education Plan (IEP) or Special Needs?  Yes  No  
 Please use the space below to provide details or list goals you would like to share with us.

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## **Parent/Guardian Consent**

The **STARS Leadership Academy – Academic Scholars Program** is designed to help you assist your child reach his or her full academic potential. We work to make sure the services you and your children receive are of the highest quality and integrity. STARS Leadership Academy is requesting your permission to allow us to collect and necessary information and have contact with your child(s) school teacher/advisor to obtain pertinent and relevant information we need on your child to appropriately support and provide quality academic support to your child.

### **Consent to Collect and Share Student Information**

**What information from your child’s student records is the STARS Leadership Academy requesting?**

We are requesting your permission for your child’s school district to share personal identifiable information from your child’s student records with STARS. The information we would like to collect consists of enrollment information (specifically your child’s name, address, date of birth, grade, school(s) attended and transfer information, and graduation data about your child); data concerning your child’s school attendance (including number of days attended and absences); and academic performance data (including your child’s results on state and national exams, credits earned, and GPA); and data related to any disciplinary actions taken against your child (including number and type of suspensions).

We are requesting to collect the information listed above about your child on a past, present and future (i.e., ongoing) basis.

We are also requesting your permission for STARS to share information we collect on the enrollment form about your child with STARS staff. The information includes registration information, student’s interests and challenges, type of program enrolled in and frequency of participation. This information will be used to help the school and community organization work together to meet you and your child’s need.

**Who will see my child’s information and how will it be safeguarded?**

The only people who will see your child’s individual information are STARS Program Directors, (Mr. and Mrs. Smith) who manage the data systems, prepare reports, and program analysis. All the STARS staff members are trained professional educators and will follow strict guidelines on protecting the confidentiality of information that would personally identify you or your child. All student personal files will be kept in locked office space with other student files. Personal identifiable information will not be shared with anyone outside of the STARS program.

We will not use your name or your child’s name in any published report. While we request your consent, your responses to the below requests will not affect your child’s participation in the STARS Academic Scholars Program

**Please check Yes or No to each of the following statements:**

- I understand why STARS is asking my permission to access the information listed above from my child's student records, and I give permission to STARS to share that information with STARS on an ongoing basis.

\_\_\_ Yes, I give my permission

\_\_\_ No, I do not give my permission

- I understand why STARS is asking my permission to share information about my child collected by STARS with the STARS staff and I give my permission to STARS to share information with STARS staff on an as needed basis and ongoing basis.

\_\_\_ Yes, I give my permission

\_\_\_ No, I do not give my permission

Student/Applicant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Additional Parent/Guardian Name: \_\_\_\_\_

Additional Parent/Guardian Signature: *(optional)* \_\_\_\_\_

## **Consent for Photo/Videotaping and Use of Youth Work**

Please be aware that sometimes, staff, photographers, newspapers, television reporters, media representatives and public relations personnel may be present during program activities and special events, both in-school and away from the STARS Leadership Academy. In some cases, they may photograph, interview or otherwise record children who participate in these events. The resulting images, videos and interviews may be used solely for non-profit, non-commercial purposes of the program to promote the programs in printed and electronic media published by our agency, such as brochures, books, print and email newsletter, DVDs and videos, websites and blogs. These images may also be used by STARS (Go Hard for Christ and Teen-Train, Inc.) in its publications for educational purposes.

- I understand my child may be photographed, interviewed or otherwise recorded during program activities and special events and give permission for my child to be photographed, interviewed or otherwise recorded solely for non-profit, non-commercial purposes of the program.

Yes, I give my permission

No, you do not have permission

- I understand that my child's work may be used in materials that promote programs, solely for non-profit, non-commercial purposes of the program.

Yes, I give my permission

No, you do not have permission

## **Consent for Emergency Medical Treatment**

I give authority to the STARS Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I understand that every effort will be made to contact me before and after medical care is provided.

Yes, I give permission

No, I do not give permission

## **Consent Statement**

I the undersigned, certify that I have reviewed all the above consent statements and indicated my wishes. I understand that consent is voluntary and I can withdraw it in writing at any time.

\_\_\_\_\_  
Student/Applicant Name

\_\_\_\_\_  
Student Signature / Date

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

\_\_\_\_\_  
Parent/Guardian Signature / Date

\_\_\_\_\_  
Additional Parent/Guardian Name (*optional*)

\_\_\_\_\_  
Additional Parent/Guardian Signature Date

## Parent Consent for Participation in Data Collection

Dear Parent:

Your child, \_\_\_\_\_, is enrolled in the STARS Leadership Academy Program at Living Word Christian Center on (date): \_\_\_\_\_. In order to monitor the effectiveness of this program and ensure its future success, STARS is collecting information about participants' experiences in the program. This information will help STARS learn how the program helps students and how it can be improved.

Specifically, we ask permission from parents to:

- Survey children about the STARS Leadership Academy upon completion of the program.

**Any information we collect will be used only to assess the STAR Leadership Academy and will not be made public. Participating in the evaluation will not affect your child in school, in the program, or in any other way. We will not use your name or your child's name in any report.** Participation is completely voluntary and participants may withdraw at any time with no consequence.

Please select one of the options below.

**Please sign and return this form.**

*YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give permission for my child to participate in the STARS survey.*

Signature

Date

*NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I **DO NOT** give permission for my child to participate in the STARS data collection activities.*

Signature

Date

If you have any questions or concerns, please contact Mr. Dwayne Smith, Director of the STARS Leadership Academy or Tannita Smith, Asst. Director at **(708) 697-6280.**