



PARENT/GUARDIAN/FAMILY MEMBER INFORMATION

Name of Parent(s)/Guardian(s)/FamilyMember(s): _____

Relationship to Student: _____

Place of Employment: _____

Does your company have a matching gift program for Non-Profit Organizations? Yes No

Email Address(es): _____ Daytime Phone #:() _____

Evening Phone #:() _____ Cell Phone #:() _____

Would you be interested in joining the College Bound Parents and Friends group, which meets throughout the school year to discuss news and upcoming events for College Bound? YES NO

INFORMATION ABOUT STUDENT

1. Does your child have a physical disability? YES NO

If Yes, please list:

2. Does your child have a learning disability? YES NO

If Yes, please list:

If Yes, does your child have an Individualized Educational Program (IEP)? YES NO

*****If Yes, please provide a copy of it with the application.*****

3. Is one or both of the student's biological parents **currently** incarcerated? YES NO

4. Tell us something about your family that will be helpful in working with your student.

By signing this form you are stating that the information provided in this application is true and correct to the best of your knowledge.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

**COMPLETION/SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE
ACCEPTANCE**



INFORMED CONSENT FORM FOR YOUTH PARTICIPANTS

The College Bound Program is interested in seeking the perceptions of the student participants. Each student with signed consent will be asked to complete an assessment twice during the program period. The results will assist the program staff in the decision making process of improving, streamlining and modifying the existing programs and services.

Permission

I as the parent/guardian of _____ grant permission for my child to participate in the College Bound Student Assessment. The instruments used will not contain any identifying information about participants. Thus, absolute confidentiality is maintained. I understand that the information obtained from the surveys will be kept confidential by the researcher/evaluator and the Program Director. The resultant information will be secured in locked files until they are destroyed at the conclusion of the program year.

I understand that my child may anticipate minimal psychological risks and some personal inconveniences, regarding their time, while participating. I understand that my child can withdraw and discontinue participation in this session at any time without jeopardizing his/her relationship with College Bound.

I also understand that the information that my child provides, as well as his/her name or any other identifying information, will remain anonymous and not appear in any reports produced by College Bound Program. If you would like any further information about the program evaluation, please contact the Program Director at 202-842-0858.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Student Name

Site Location

Grade



STUDENT- PARENT AGREEMENT

This is a document that explains what College Bound expects of its students.

I agree to uphold the following commitments.

I will:

- 1) treat my partner, the College Bound staff, students, and guests with respect and courtesy. *I understand that any student who is disrespectful or disruptive will be asked to leave the program.*
- 2) return phone calls from College Bound partners and staff.
- 3) consistently attend the 2-hour site meetings once per week for one full school year (Sept.-June)
- 4) call or e-mail my partner (at home and/or at work) **by 1:00 p.m. on the day of a meeting** to let him or her know if I will be late or absent and let him/her know the reason for the absence (*NOTE: your partner has made the same commitment in his/her application*).
- 5) **IN ADDITION TO CALLING MY PARTNER**, I will call or e-mail the College Bound staff **by 1:00 p.m. on the day of a meeting** to let the staff know if I will be late or absent and the reason for my absence.
- 6) notify College Bound and my partner of any changes in my address, phone number, and/or e-mail address.
- 7) try my best and stay focused during the weekly meetings on the goals of graduating from high school and enrolling in the college of my choice.
- 8) work to maintain or achieve at least a C average in school.
- 9) not involve myself with drugs, alcohol, weapons or firearms **at any time**. *My involvement with or possession of these things is unacceptable and will result in my immediate and permanent dismissal from College Bound.*
- 10) ask for assistance from the College Bound staff if I have any concerns about my partner or the program in general.
- 11) notify College Bound and my partner as soon as possible if I must discontinue participation in College Bound.

I understand that College Bound has the right to remove me from the program if:

1. I do not meet the above expectations.
2. I have excessive absences, which will negatively impact my participation in the program.
3. The relationship with my partner is deemed unhealthy or destructive for either individual.

Student Name: _____

Student Signature: _____ Date: _____

Parent Name: _____

Parent Signature: _____ Date: _____



128 M Street NW, Suite 220
Washington, DC 20001

202-842-0858 phone
202-842-1926 fax
info@collegebound.org

www.collegebound.org

STUDENT/PARENT RELEASE WAIVER

Student's Name: _____

Student ID#: _____ Grade: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #:() _____

School: _____

City: _____ State: _____ Zip Code: _____

School Guidance Counselor: _____

Counselor Phone #:() _____

I hereby authorize College Bound to obtain a copy of my report card for each advisory period, my transcript, my Standardize Test Scores, PSAT, SAT, and/or ACT test scores. The report card will be collected to ensure that I am meeting the College Bound requirements of keeping my grades consistent or showing improvement. I recognize these strict guidelines will also serve me by increasing the probability that I will be accepted into an institution of higher learning.

Student Signature _____ Date _____

Parent/Guardian Name _____ Parent Signature _____ Date _____



**PARENT/GUARDIAN COMMITMENT
AND
LIABILITY WAIVER**

By signing this form, I _____ am pledging to:
(parent/guardian)

- Meet my child’s partner on at least one occasion
- Support my child’s goal of attending college
- Return phone calls or emails from the College Bound staff
- Attend the following special events: Taste of College Night
Career Night
College Bound Wellness Workshop
End of the Year Celebration

I understand that College Bound is not responsible for my safety during or in connection with my attendance at any College Bound program, event or meeting. I hereby release, discharge, indemnify and hold harmless College Bound and its officers, agents, employees, staff and volunteers, and any other persons or entities acting on its behalf and their successors or assigns, against all claims, demands and causes of action whatsoever either in law or in equity, related to injury, disability, death or other harm, to person or property or both, arising from my participation in or transportation to and from any such College Bound program, event or meeting.

I also recognize that pictures taken of students during College Bound events and meetings may appear on our website or in publicity materials.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

<i>OFFICIAL USE ONLY</i>	
Date Received _____	Site _____
Matched with _____	Date of Match _____
Matched by _____	
Application processed by _____	

Please return this application to:
College Bound
128 M Street NW, Suite 220
Washington, DC 20001
202-842-0858 (phone) info@collegebound.org (email)