

PARENT/GUARDIAN/FAMILY MEMBER INFORMATION

Name of Parent(s)/Guardian(s)/Fami	ilyMember(s):
Relationship to Student:	
Place of Employment:	
Does your company have a matching	g gift program for Non-Profit Organizations? Yes No
Email Address(es):	Daytime Phone #:()
Evening Phone #:()	Cell Phone #:()
•	he College Bound Parents and Friends group, which meets s news and upcoming events for College Bound? YES NO
INFORMATION ABOUT STUDE	ENT
1. Does your child have a physical If Yes, please list:	disability? YES NO
2. Does your child have a learning If Yes, please list:	g disability? YES NO
If Yes, please provide a cop 3. Is one or both of the student's b	ividualized Educational Program (IEP)?YESNO by of it with the application. biological parents currently incarcerated?YESNO mily that will be helpful in working with your student.
Dy signing this form you are stating	that the information provided in this application is two and source
to the best of your knowledge.	that the information provided in this application is true and correct
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 instru	ruments used will not contain any identifying information about participant
Thus, absolute confidentiality is maintained. I	understand that the information obtained from the surveys will be kept
confidential by the researcher/evaluator and the	e Program Director. The resultant information will be secured in locked
files until they are destroyed at the conclusion	of the program year.
	imal psychological risks and some personal inconveniences, regarding their
	y child can withdraw and discontinue participation in this session at any
time without jeopardizing his/her relationship v	with Conege Bound.
I also understand that the information that my o	child provides, as well as his/her name or any other identifying information
will remain anonymous and not appear in any i	reports produced by College Bound Program. If you would like any further
information about the program evaluation, plea	ase contact the Program Director at 202-842-0858.
Signature of Parent/Guardia	an Date
Printed Name of Parent/Gua	ardian Student Name
Finited Name of Patent/Out	arutan Student Ivanie

Grade

Site Location



STUDENT- PARENT AGREEMENT

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

I agree to uphold the following commitments.

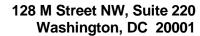
I will:

- 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:	





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

STUDENT/PARENT RELEASE WAIVER

Student's Name:			_	
Student ID#:			Date of Birth:	
Home Address:				
City:				
Home Phone #:()				
School:				
City:			Zip Code:	
School Guidance Counselor:_				
Counselor Phone #:()				
I hereby authorize College Bomy Standardize Test Scores, I that I am meeting the College recognize these strict guidelin institution of higher learning.	PSAT, SAT, and/or AG Bound requirements o	CT test scores. The score of th	The report card will be des consistent or show	e collected to ensure ving improvement. I
Student Signature				Date
Parent/Guardian Name		Parent Signature	e	Date



PARENT/GUARDIAN COMMITMENT **AND** LIABILITY WAIVER

By signing this form, I	a	am pledging to:	
- Meet my child's na	(parent/guardian) rtner on at least one occasion		
• •	goal of attending college		
	or emails from the College Bo	ound staff	
-	g special events: Taste of Co		
	Career Nig	iht	
		ound Wellness Workshop	
	End of the	Year Celebration	
any College Bound program College Bound and its office on its behalf and their succe in law or in equity, related my participation in or trans	m, event or meeting. I hereby cers, agents, employees, staff essors or assigns, against all of to injury, disability, death or eportation to and from any suc- tes taken of students during Co	ny safety during or in connection will y release, discharge, indemnify and it and volunteers, and any other persoclaims, demands and causes of action other harm, to person or property on the College Bound program, event of college Bound events and meetings in the college Bound events and meeting in t	hold harmless ons or entities acting on whatsoever either r both, arising from or meeting.
Parent/Guardian Signature:		Date:	
Student Signature:		Date:	
	OFFICIAL 1	USE ONLY	
Date Recei	ved	Site	
Matched w	ith	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) <u>info@collegebound.org</u> (email)