

PROJECT DISCOVERY STUDENT APPLICATION

Agency Name _____ School student is attending _____

ALL INFORMATION GIVEN ON THIS APPLICATION IS STRICTLY CONFIDENTIAL AND WILL NOT BE RELEASED WITHOUT A PARENT'S WRITTEN PERMISSION.

Please Print All Information

Today's Date: _____

STUDENT INFORMATION:

Name: _____ Date of Birth: _____

Street Address: _____ Apt. # _____

City _____ State _____ Zip _____ Phone _____ Cell _____

Email Address _____

_____/_____/_____/_____/_____/_____
Grade Age Gender (M/F) Country of Birth Soc Sec No. Ethnicity

Directions to student's home: _____

Are you (student) employed? _____ If yes, please provide the following:

Place of employment _____

Employer's phone number _____

Are you a U.S. citizen _____ Naturalized citizen _____ Country of birth _____

FAMILY INFORMATION:

Applicant lives with (check one):

- both parents _____ father and stepmother _____
- mother only _____ grandparent(s) _____
- father only _____ guardian, please specify _____
- mother and stepfather _____ other, please specify _____

Name of Parent/Guardian/Adult with whom applicant lives: _____

Parent/Guardian/Adult work place: _____ Work phone number _____

Parent/Guardian/Adult cell phone number _____ and email address _____

Number of people in household: _____

Are you eligible for free/reduced lunch? Yes _____ No _____

Has your mother attended college? Yes _____ No _____

Has your mother graduated from college? Yes _____ No _____

FOLLOW UP:

When you complete Project Discovery, it is extremely important that we keep in touch with you. With your cooperation, we will be able to continue to receive funding and to develop resources in order to help you if you need assistance. Please list below the names, addresses, and phone numbers of two people who will always know how to contact you.

Student's Signature

Date

PERMISSIONS:

I grant the following permissions to Project Discovery concerning my child _____

- permission to transport my child to and from activities.
- permission to seek medical care for my child in an emergency.
- permission to review and copy my child's permanent school record and any other school records necessary to assist my child or maintain eligibility for the program.
- permission for my child to participate in the promotion of Project Discovery.
- permission for my child's written statements or photos while involved in Project Discovery activities to be used for promotion of Project Discovery.

- I understand that all the information given on this application is **STRICTLY CONFIDENTIAL** and no information will be released without my written approval.
- I further understand that my child is expected to adhere to the Project Discovery rules of conduct, which forbid use of illegal substances or engaging in any activity considered to be detrimental to the group or the individual, and that I will be required to pick up my child immediately if an infraction occurs.

Parent/Guardian's Signature

Date

Parent/Guardian's Email Address

/

Cell Phone Number

To be completed by Project Discovery staff:

Name of Project Discovery site: _____

Name of person reviewing application: _____

Criteria for acceptance into Project Discovery (check all that apply):

Meets income guidelines _____

First generation college (Parent(s) has/have not received an associate or bachelor's degree) _____

Student receives free/reduced lunch or books _____

10% category _____

Date accepted into Project Discovery _____

PROJECT DISCOVERY MEDICAL RELEASE FORM

All Information is Strictly Confidential

Name of participant: _____ SS# _____

Name of Parent/Guardian: _____

Medical Information:

Does your child have any of the illnesses, diseases, or conditions?

Diabetes type 1 _____ Diabetes type 2 _____ Asthma _____ Epilepsy _____

Sickle Cell Anemia _____ Heart disease _____ HIV _____ AIDS _____ Depression _____

Attention Deficit _____ Hyperactivity Disorder _____

Other: Please specify _____

Is your child taking any medication for any of the above conditions? If so, please list them:

_____, _____,
_____, _____

Is your child allergic to any known medication or food? If so, please list them:

In case of emergency, does Project Discovery have your permission to take your child to a hospital or medical facility to receive treatment? _____ Yes _____ No

Please provide insurance information: Name, Address, Policy Number and other relevant information regarding your insurance company.

In case of emergency, list person to notify:

Name: _____

Address: _____

Phone: Day _____ evening _____

Cell _____

Parent/Guardian Signature:

Date