



# QUAIL HOLLOW ENROLLMENT FORM

North Carolina Fall 2014-Spring 2015

*“Through partnership, we will develop leaders of today and tomorrow that appreciate each other's potential, push themselves to achieve academic excellence, and persevere through internal and external challenges. We don't give up, we don't give in, we will win.”*

## STUDENT INFORMATION

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female Grade level: \_\_\_\_\_

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

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

Student's cell phone: \_\_\_\_\_

Race/Ethnicity (optional; check all that apply):

- African American  Native American
- Latino/Hispanic  White/Caucasian
- Asian or Pacific Islander  Other: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Tell us why you want to enroll your child in this program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Primary parent/guardian: \_\_\_\_\_

FIRST MIDDLE LAST

Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact:

- Home  Work  Cell Phone  Email  Text

Best time to call: \_\_\_\_\_

Secondary parent/guardian: \_\_\_\_\_

FIRST MIDDLE LAST

Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact:

- Home  Work  Cell Phone  Email  Text

Best time to call: \_\_\_\_\_

If English is not your first language, is there an English-speaking adult (family member or friend) whom we can contact regarding your child's progress? If so, list their name and phone number:

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

Student's Name: \_\_\_\_\_

(CAMPUS NAME) ENROLLMENT FORM  
(REGION) Fall 2011- Spring 2012

**ADDITIONAL EMERGENCY CONTACT**

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

FIRST

LAST

Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**FIRST AID & MEDICAL CARE**

Child's doctor/clinic: \_\_\_\_\_ Doctor/clinic phone: \_\_\_\_\_

Does your child have allergies, special diets, or medications?  Yes  No

If yes, please describe: \_\_\_\_\_

Does your child have special limitations or concerns?  Yes  No

If yes, please describe: \_\_\_\_\_

Does your child have any serious medical conditions?  Yes  No

If yes, please describe: \_\_\_\_\_

**TRANSPORTATION**

As we work to coordinate transportation, please give us information about your family's transportation needs:

1. We can arrange transportation to pick up our child from school at 6PM Monday – Thursday and 5:30PM on Fridays. \_\_\_\_\_

2. We prefer for our child to be assigned a bus to take him or her home each evening. \_\_\_\_\_

3. The only way my child can participate in the program is if bus transportation is provided. \_\_\_\_\_

**CHILD RELEASE CONTACTS**

Please indicate any additional adults, other than the parents/guardians and emergency contact already listed, who are authorized to pick up your child from school. Additional names can be added on a separate sheet of paper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any changes to this list must be provided in writing to Citizen Schools.

Student's Name: \_\_\_\_\_

Student's DOB: \_\_\_\_\_

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## PROGRAM PARTICIPATION CONSENT

### Consent for Emergency Medical Care

In case of an emergency, in the event that I or the Emergency Contact I've listed cannot be reached, I give permission to the medical personnel selected by Citizen Schools staff to provide medical treatment required by my child. To provide that medical treatment, I grant permission to release my child's medical records.

Yes, I give my permission.

No, I do not give my permission.

### Field Trips/Explorations

I give permission for my child to attend all trips associated with the program. This includes apprenticeships and field trips that may involve walking and travel by public transportation and/or private bus. These trips may occur on non-program days. I understand that Citizen Schools will provide appropriate supervision. I will not hold the program responsible for accidents or injuries that may occur.

Yes, I give my permission.

No, I do not give my permission.

### Apprenticeship WOW! Participation

I understand that my child will have up to two apprenticeship final presentations (known as WOW!s) per semester and his/her participation is critical to the learning process and to the project's overall success. I am aware that such events may occur outside of program hours and commit to ensuring my child's attendance. I will communicate any unforeseen conflicts to my child's team leader at least 2 weeks prior to the event.

Yes, I give my permission.

No, I do not give my permission.

### Photographs/Video/Internet

I hereby give permission for my child's photograph to be taken and for him/her to be captured on video in connection with the activities of Citizen Schools and to be used in newspaper and magazine articles, on television and other presentations concerning the program, or on the internet. I understand that my child would only be identified by first name, if at all. I understand that my child, identified only by first name or as a member of a group, may also be included on video streams of events (such as WOW! Presentations) over the Internet that are organized and supervised by Citizen Schools staff. I give permission for the following information to be made available publicly, at the discretion of Citizen Schools:

- My child's first name and/or picture
- Video of students in a group
- My child's intellectual property (such as artwork, poetry, essays, performances, etc.)

Yes, I give my permission.

No, I do not give my permission.

Student's Name: \_\_\_\_\_

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Student's DOB: \_\_\_\_\_

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## CONSENT TO RELEASE DATA FOR CITIZEN SCHOOLS EVALUATION

### Purpose

Citizen Schools requests your permission to collect and use information about your child's participation and performance in Citizen Schools programs as well as in school. Citizen Schools would like to use this information about your child to examine the influence of Citizen Schools' programming on student achievement and engagement both during and after your child's participation (e.g., middle school, high school and college). This information will help Citizen Schools make improvements to its program to have an even greater impact on the students served.

### Data Collected Directly by Citizen Schools

Information about your child will be collected by Citizen Schools directly or by evaluators or researchers contracted by Citizen Schools. By providing your consent, the following information will be used for program evaluation:

- Information about your child's background obtained from this enrollment form
- Information collected by Citizen Schools about your child's program attendance, his or her performance on academic skills assessments conducted during the Citizen Schools program, and his or her survey responses

### Data Obtained from External Sources

By providing your consent, electronic data, records, and/or documentation about your child will be shared with Citizen Schools by your child's school, school district, state Department of Education, or the National Student Clearinghouse (a national database of students' college enrollment and completion). This information describes your child's demographics, school enrollment and attendance, program participation, in and out of school suspension records, and academic performance (including course grades and state test scores) starting in grade five (prior to your child's enrollment in Citizen Schools) and enrollment in middle school, high school and college. Citizen Schools will collect your child's state assigned or locally assigned student identification number from your child's school to be used to access these academic records.

### How Information is Used

The only persons authorized to access your child's information will be trained Citizen Schools staff, contractors, and/or trusted partner organizations who have agreed in writing to maintain the confidentiality of student information as required by the Family Educational Rights and Privacy Act (FERPA). Citizen Schools may use or disclose information in aggregate form to further the purpose discussed above. However, no child will be identifiable through information provided in any report or public document.

### Consent to Release Data for Program Evaluation

Please indicate by checking a box below whether you agree to allow Citizen Schools to collect and use information about your child in connection with the purpose described above. Your child may participate in Citizen Schools whether or not you provide this consent. You may revoke your consent to share data for this evaluation at any time. If you have any questions or if you would like to revoke consent for this program evaluation please contact Michael Kubiak, Director of Research and Evaluation, at (617) 695-2300, ext. 1196 or at michaelkubiak@citizenschools.org.

- Yes**, I give my consent to Citizen Schools' collection and use of information about my child for this purpose. I understand that I can revoke this consent at any time by contacting Citizen Schools.
- No**, I do not consent to Citizen Schools' collection and use of information about my child for this purpose.

## PARENT/GUARDIAN SIGNATURE (REQUIRED)

By signing below, you certify that the information provided on this form is accurate:

Parent/Guardian Signature (required): \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_