



## 2018-19 New Student Enrollment Packet (Ohio Schools)

Thank you for choosing ACCEL Schools and allowing us the opportunity to serve your family. The following documentation is required for enrollment at our school:

### Required for All Students:

- Enrollment Packet Forms (10 Pages)
- Copy of child's birth certificate
- Copy of child's immunization records or exemption waiver
- Copy of primary parent's photo ID
- Copy of proof of residency (see below for accepted docs)

### Required Only If Applicable:

- Transportation Application
- Legal Custody Papers
- Individual Education Plan (IEP) or other learning plan such as Evaluation Team Report (ETR) or 504 Plan
- Behavior Intervention Plan (BIP)
- Medical Authorization Forms (available at school office)

### ACCEPTABLE FORMS OF PROOF OF RESIDENCY

#### 1) When the student lives with the legal guardian and the proof of residency documentation is in the legal guardian's name:

*Dated within 90 days of submitting the enrollment application:*

- Utility Bill (electric, gas, water, or sewer); Resident name and property address must appear on the bill
- Pay Stub; Resident name and address must appear on the stub
- Mortgage Statement; Resident name and property address must appear on the statement
- Rent Receipt; must be dated and include names and signatures of the lessee and the lessor

*Other:*

- Lease or Rental Agreement that specifies start and end date of the agreement; must be dated and include names and signatures of the lessee and the lessor
- Original Mortgage/Closing Paperwork such as the Housing & Urban Development (HUD) Statement; Resident name and property address must appear on the statement
- Property Tax Bill; must be dated and include resident name and property address
- Voter Registration Card
- Bank Statement
- County or County Court Documents (Jobs & Family Services Department or Child Support)

#### 2) When the dependent student (younger than 18) lives in a residence other than with the legal guardian, OR When the dependent student (younger than 18) and legal guardian reside with a friend or relative, OR When the independent student (age 18+) resides with a friend or relative:

*Two documents are required:*

- An *Affidavit of Residency Form* must be completed in the presence of a Notary Public. The Notary Public must sign and seal the affidavit within 30 days of the enrollment application being submitted, and the original, hardcopy form must be submitted to the school office.
- Proof of Residence in the Lessor/Property Owner's name—see the *Affidavit of Residency Form* for details.

You may obtain an *Affidavit of Residency Form* template from the school office or download one from the Admissions page on the school website.

Looking for a Notary Public? Ask our school office manager—many of our office managers are also notary publics.

**STUDENT INFORMATION**

Write student's name as it appears on the birth certificate:

Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Gender:  Male  Female City/Town of Child's Birth: \_\_\_\_\_

Student's SSN: \_\_\_\_\_ Student Cell Number (if applicable): \_\_\_\_\_

Grade Level for 2018-19:  PK  K  1  2  3  4  5  6  7  8  9  10  11  12

Student Address Street Address: \_\_\_\_\_

(residence) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address Street Address: \_\_\_\_\_

(only if different) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What county does the student live in? COUNTY (not country): \_\_\_\_\_

Parent Custody. Child lives with (check one only):

Both Biological Parents  One Biological Parent Only  Legal Guardian  Both Biological Parents Alternately

Does the student have a parent/guardian who is an active duty OR retired member of the Armed Forces or National Guard?

No  Yes. If yes, please select the best description:

- Army – Active Duty
- Air Force – Active Duty
- Coast Guard – Active Duty
- Marine – Active Duty
- National Guard – Full-Time, Active Duty
- Navy – Active Duty
- Reserves
- Veteran/Retired
- Gold Star Family

Does the student have a brother or sister currently attending our school/ACCEL Schools?  Yes  No

Sibling Name: \_\_\_\_\_ 18-19 Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ 18-19 Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ 18-19 Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

**EDUCATION HISTORY**

Name of Current School: \_\_\_\_\_

Type of School:  Public  Private  Homeschool  Public Charter/Community  Online  Daycare/Preschool  N/A

Has your child ever been retained in any grade?  No  Yes; Which grade? \_\_\_\_\_

Has your child been permanently excluded from school attendance by another school district?  No  Yes

Has your child ever been suspended or expelled from school?  No  Yes If Yes, please provide details here: \_\_\_\_\_

Was your child receiving Gifted and Talented Services?  No  Yes

Was your child receiving Special Education Services?  No  Yes

Was your child receiving English Language Learning Services?  No  Yes

Does your child have an Individualized Education Plan (IEP) or other paperwork such as Evaluation Team Report (ETR), 504, etc?

No  Yes – please attach copy

Does your child have a Behavior Intervention Plan (BIP)?  No  Yes – please attach copy



**PRIMARY PARENT/GUARDIAN CONTACT**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Preferred Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Day/Work Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_  
 Highest Level of Education:  
 Some High School  High School Diploma/GED  Some College  College Degree (BA, BS)  Graduate Degree or Higher  
 Decline to State/Unknown  
 Employer: \_\_\_\_\_

**SECONDARY PARENT/GUARDIAN CONTACT (leave blank if none)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Preferred Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Day/Work Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_  
 Highest Level of Education:  
 Some High School  High School Diploma/GED  Some College  College Degree (BA, BS)  Graduate Degree or Higher  
 Decline to State/Unknown  
 Employer: \_\_\_\_\_

Check any/all that apply:  May Pick-Up Student from School  Needs to Receive Mailings  May Access Records

**ETHNICITY & RACE IDENTIFICATION**

- 1) **Is this student Hispanic or Latino?** Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino.  
 No, not Hispanic or Latino  
 Yes, Hispanic or Latino

2) **Indicate this student’s race (can select more than one):**

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.  
 Name of Enrolled or Principal Tribe: \_\_\_\_\_  
 **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.  
 **Black or African American:** A person having origins in any of the black racial groups of Africa.  
 **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  
 **White, European, Middle Eastern, or North African**  
 **I refuse** to re-identify the race and ethnicity of this student and understand the school will make the determination on my behalf.



**HOME LANGUAGE SURVEY**

- 1) What language(s) is (are) spoken in your home?
  
- 2) Which language did your child learn first?
  
- 3) Which language does your child use most frequently at home?
  
- 4) Which language do you most frequently speak to your child?
  
- 5) How long has your son or daughter attended school in the United States?

**HOW DID YOU HEAR ABOUT OUR SCHOOL?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Canvassing in Neighborhood    | <input type="checkbox"/> Referred by Friend                | <input type="checkbox"/> TV Ad                               |
| <input type="checkbox"/> Event/Table in Community      | <input type="checkbox"/> Referred by Preschool or Day Care | <input type="checkbox"/> News Story                          |
| <input type="checkbox"/> Mailer                        | <input type="checkbox"/> Referred by Realtor/Builder       | <input type="checkbox"/> Previous Student at an ACCEL School |
| <input type="checkbox"/> Social Media (Facebook, etc.) | <input type="checkbox"/> Online Ad                         | <input type="checkbox"/> Web Search                          |
| <input type="checkbox"/> Signs in the Community        | <input type="checkbox"/> Radio Ad                          |  |

**LOCAL EMERGENCY CONTACTS** (Adults, 18 years or older, who may be contacted in the event of an emergency **in addition** to the student’s primary and secondary parent/guardians that were entered earlier in this packet):

**Emergency Contact #1** (after parents/guardians)

First Name	Last Name	Relationship to Student
Mobile Phone Number	Home Phone Number	Work Phone Number
<b>This person is:</b> <input type="checkbox"/> Authorized to pick-up my child from school <input type="checkbox"/> Emergency contact only		

**Emergency Contact #2** (leave blank if not applicable)

First Name	Last Name	Relationship to Student
Mobile Phone Number	Home Phone Number	Work Phone Number
<b>This person is:</b> <input type="checkbox"/> Authorized to pick-up my child from school <input type="checkbox"/> Emergency contact only		

**Emergency Contact #3** (leave blank if not applicable)

First Name	Last Name	Relationship to Student
Mobile Phone Number	Home Phone Number	Work Phone Number
<b>This person is:</b> <input type="checkbox"/> Authorized to pick-up my child from school <input type="checkbox"/> Emergency contact only		



**BUS TRANSPORTATION**

Bus transportation may be available to and from our school. In order to utilize bussing, you must meet certain requirements and fill out a separate School Bus Transportation Application Form.

Would you like to request a Bus Transportation Application Form?  YES  NO

**STUDENT DROP-OFF & PICK-UP**

<b>AM Schedule: Drop-Off to School.</b> How will your child be transported to school?	
<input type="checkbox"/> Parent/Guardian Driver <input type="checkbox"/> Parent/Guardian Walker <input type="checkbox"/> Walk <input type="checkbox"/> City Bus <input type="checkbox"/> Carpool. Please name the participants that you authorize to pick up your child(ren) via carpool below.	<input type="checkbox"/> School Bus Service (requested above) <input type="checkbox"/> Day Care Van: _____ <input type="checkbox"/> Other. Please explain: _____ _____ _____

<b>PM Schedule: Pick-Up from School.</b> How will your child be picked up from school?	
<input type="checkbox"/> Parent/Guardian Driver <input type="checkbox"/> Parent/Guardian Walker <input type="checkbox"/> Walk <input type="checkbox"/> City Bus <input type="checkbox"/> Carpool. Please name the participant drivers that you authorize to pick up your child(ren) via carpool below.	<input type="checkbox"/> School Bus Service (requested above) <input type="checkbox"/> Day Care Van: _____ <input type="checkbox"/> Other. Please explain: _____ _____ _____

Do these transportation preferences vary by day of week? If so, please provide more information about your schedule: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Carpool Driver First & Last Name	Phone Number

**ADDITIONAL AUTHORIZED PICK-UPS (IF ANY)**

In the event I am unable to pick-up my child, I hereby give permission for my child to be picked up from school by any of the following persons in addition to the emergency contacts I authorized. If not applicable, leave blank.

First & Last Name	Phone Number	Secondary Phone Number





**STUDENT RESIDENCY QUESTIONNAIRE (McKinney-Vento)**

*This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The questions below assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.*

**PART I**

- 1) Is your current address a temporary living arrangement? (such as shelter, etc.)  YES  NO
- 2) Is this temporary living arrangement due to loss of housing or economic hardship?  YES  NO
- 3) Are you a youth currently living on your own or with a friend, neighbor, or relative?  YES  NO

*If you answered YES to **any** of the above questions, please complete Part II of this form.*

*If you answered NO to **all** the above questions, you may skip to next page*

**PART II**

Presently, where is the student living? *(Check one of the below)*

- In a shelter
- With more than one family in a house or apartment (*other* family owns or rents the house or apartment)
- With friends or family members (*other* than parent/guardian)
- In a place not designated for ordinary sleeping accommodations (i.e. car, park, or campsite)
- In another location that is not appropriate for people (e.g. an abandoned building)
- In a motel/hotel
- Out of home placement including foster care
- In an arrangement that is not fixed, regular, and adequate and is not described by the other choices

The student lives with: *(Check one of the below)*

- 2 parents  an adult that is not the parent or the legal guardian
- 1 parent and another adult  relative, friend(s) or other adult(s)
- 1 parent  alone with no adults

I, \_\_\_\_\_ declare as follows:  
*(print full name)*

I am the parent or legal guardian of the above student who is of school age and our family has not had a permanent residence since \_\_\_\_\_.  
*(date)*

Signature of Parent/Legal Guardian: \_\_\_\_\_



**MEDICAL HISTORY & REQUEST FOR MEDICAL AUTHORIZATION FORMS**

Has your child ever been diagnosed with or treated for any of the following? Please check all that are applicable:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> ADD/ADHD                 | <input type="checkbox"/> Bowel/Bladder Issues    | <input type="checkbox"/> Headaches/Migraines     | <input type="checkbox"/> Neuromuscular Disorder            |
| <input type="checkbox"/> Allergies/Hay Fever      | <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Hearing/Ear Disorder    | <input type="checkbox"/> Seizure Disorder                  |
| <input type="checkbox"/> Asthma/Wheezing          | <input type="checkbox"/> Cystic Fibrosis         | <input type="checkbox"/> Heart Condition         | <input type="checkbox"/> Sickle Cell Anemia                |
| <input type="checkbox"/> Autism                   | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Hemophilia              | <input type="checkbox"/> Skin Conditions                   |
| <input type="checkbox"/> Behavior Concerns        | <input type="checkbox"/> Depression              | <input type="checkbox"/> Juvenile Arthritis      | <input type="checkbox"/> Speech Issues                     |
| <input type="checkbox"/> Birth Defects            | <input type="checkbox"/> Developmental Concerns  | <input type="checkbox"/> Kidney Disease          | <input type="checkbox"/> Traumatic Brain Injury            |
| <input type="checkbox"/> Bone/Muscle/Joint Issues | <input type="checkbox"/> Earaches/Ear Infections | <input type="checkbox"/> Lead Poisoning          | <input type="checkbox"/> Vision (Glasses, Contacts, Other) |
| <input type="checkbox"/> Bleeding Disorder        | <input type="checkbox"/> Emotional Disorder      | <input type="checkbox"/> Meningitis/Encephalitis |  |

Other or Additional Information about above-mentioned health conditions: \_\_\_\_\_

1) Does your child require an asthma inhaler in school to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms?  No  Yes. *Asthma Inhaler Authorization & Road Map* form required.

2) Does your child have any allergies such as food, insect, medication, seasonal, environmental, etc?  No  Yes. Which allergies? \_\_\_\_\_

If a food allergy, the *Food Allergy & Anaphylaxis Emergency Care Plan* form required.

3) Does your child require an epinephrine autoinjector to treat anaphylaxis in school?  No  Yes. Two forms are required: 1) *Epinephrine Autoinjector Authorization & Road Map* and 2) *Food Allergy & Anaphylaxis Emergency Care Plan*.

4) Does your child require diabetes management at school?  No  Yes. *Diabetes Medication Authorization & Road Map* form required.

5) Does your child require medication during school hours?  No  Yes. *Medication Form* required.

If yes, please list the medications your child takes on a routine basis.

Name of Medication**	Taken For	Activity Restrictions

Need a copy of any of the above forms? You may pick one up at the school office.





**UNIVERSAL CONSENT FORM & ENROLLMENT AGREEMENT**

*Our school is required by law to obtain the parent/legal guardian’s written consent for each student regarding certain information and activities that enable our school to provide the educational experience we advertise. Declining to acknowledge, agree with or consent to some items may mean that the student/family will not have access to some of the educational materials and resources that we use throughout the school day and year and/or the student will not maintain enrollment at the school.*

**ACKNOWLEDGEMENT OF STUDENT HANDBOOK/CODE OF CONDUCT**

We have received and read the school Handbook and Code of Conduct (available on school website). We understand the rights and responsibilities pertaining to students and agree to support and abide by the school’s rules, guidelines, procedures, and policies. We also understand that the Handbook and Code of Conduct supersedes all prior handbooks, codes of conduct and other written material on the same subjects, that this Handbook and Code of Conduct should not be construed to accord any rights or privileges to students or families beyond those accorded by law, and that this Handbook and Code of Conduct may be revised at any time, with or without notice. The signatures on this document are legally binding and indicate the parties who signed have read and understand the terms and conditions in the Handbook and Code of Conduct. Not acknowledging the Handbook and Code of Conduct could mean that student will not be informed of the expectations to maintain their enrollment at the school.

- Parent/Guardian Acknowledges
- Eligible Student Acknowledges (18 years and older)

**FERPA ACKNOWLEDGEMENT**

The Family Educational Rights and Privacy Act (FERPA) provides parents and students over 18 years of age ("eligible students") certain rights regarding the student’s educational records. In order to serve the student’s educational needs, the school may find it necessary to disclose a student’s name, address, parent’s/guardian’s name, phone number, email address, and date of birth, to a vendor to provide the student with the appropriate learning solutions. The vendors agree to the confidentiality of the student’s name and address and will not use such information for any purpose other than those required under their vendor contract with the school. I hereby acknowledge that my student’s name and address may be provided to the school’s vendors to ensure that the school can best meet the educational needs of my student. Not acknowledging FERPA could mean that the student and family will not have access to educational materials and resources and as such may receive a different educational experience than what the school has advertised.

- Parent/Guardian Acknowledges
- Eligible Student Acknowledges (18 years and older)

**AGREEMENT TO INTERNET USAGE TERMS AND POLICIES**

I agree to my student using the Internet per the Internet Use Agreement outlined within the school’s Handbook and Code of Conduct. I (we) further agree that any violation of the regulations will result in the termination of Internet privileges. Any violations may result in access privileges being revoked, school disciplinary action, and/or appropriate legal action. Not consenting to Internet usage terms and policies could mean that the student will not have access to the Internet for curriculum, research, or other schoolwork and as such may receive a different educational experience than what the school has advertised.

- Parent/Guardian Agrees
- Eligible Student Agrees (18 years and older)
- Parent/Guardian Does Not Agree
- Eligible Student Does Not Agree

**PERMISSION FOR RELEASE OF DIRECTORY INFORMATION FOR SPORTS/ACTIVITIES**

I give consent for school to release student’s directory information (such as student’s name, address, parent’s/guardian’s name, telephone number, date and place of birth, participation in officially recognized activities and sports, weights and heights of members of athletic teams, dates of attendance, and degrees and awards received) for sports and activities. I understand that if I initially give my consent, I can choose to withdraw it at any time by updating student’s records at the school.

- Parent/Guardian consents
- Parent/Guardian consents only to PTO & Booster Groups supporting school-sponsored activities
- Parent/Guardian does not consent
- Eligible Student consents (18 years and older)
- Eligible Student consents only to PTO & Booster Groups supporting school-sponsored activities
- Eligible Student does not consent

**AUTOMATED PARENT NOTIFICATION SYSTEM FOR EMERGENCIES, ATTENDANCE, EVENTS & OTHER REMINDERS**

Our school uses electronic messaging software to notify families of school emergencies, attendance records, and upcoming events via telephone, email and/or text message. Please indicate your preference for participation in this messaging system. I understand that if I initially give my consent, I will be asked to opt-in to text messages at a later date and that I can also choose to opt-out of any of these services at any time throughout the school year.

- Parent/Guardian Agrees
- Eligible Student Agrees (18 years and older)
- Parent/Guardian Does Not Agree
- Eligible Student Does Not Agree

**MEDIA RELEASE**

I/We understand that as part of my child’s/my attendance at the school, photos, videos, and quotations may be taken for use in publications and reports about the school and/or program. I/We further understand that members of the news media invited to cover the school and/or program may take photos, videos and quotations.



I/We grant permission to the school and its board members, management company, and their employees, agents and representatives to use such materials for the promotion of the school and/or program and to use this student's name, photographic likeness, alone or in a group, in any publication, document, TV production, video or to release said name or likeness to any media outlets including, but not limited to, newspapers, magazines or TV stations for publicity and/or recognition purposes and/or to use this student's name and/or photographic likeness, alone or in a group, on the official web site of the school and/or its management company.

I agree that my child and I shall have no right, title, or interest in any photo or videotape covered by this agreement and waive any right to compensation for such use. I release the school, its board members, management company, and their employees, agents, representatives and all organizations and individuals related to the school from any and all liabilities or damages that result from the use of this student's name and/or photographic likeness as described above.

- Parent/Guardian Agrees       Eligible Student Agrees (18 years and older)  
 Parent/Guardian Does Not Agree       Eligible Student Does Not Agree

**PERMISSION TO DISPLAY STUDENT'S WORK**

I give consent for original written materials, artwork or other work created by my student during the course of instruction to be used by the school for exhibition, public display, publication, publicity material, advertising, a news media story, video, audio, or other electronic media, such as the Internet, television, or other digital format. I understand that my student's full name may be used with such display except that only my student's first name will be used on the school website. If consent is denied, such denial shall not apply where the student's material is incorporated into a greater or larger body of work (such as a student's voice in a choral recording). I understand that if I initially give my consent, I can choose to withdraw it at any time by updating my child's records at the school.

- Parent/Guardian Consents       Eligible Student Consents (18 years and older)  
 Parent/Guardian Does Not Consent       Eligible Student Does Not Consent

**PERMISSION FOR EDUCATIONAL CORRESPONDENCE**

I give consent for my student to participate in writing letters to people outside the school (e.g., pen pals, thank-you letters, letters to authors, or letters to public officials) as part of the educational experience, and I understand these letters may include the student's full name and other personally identifiable information about the student. I understand that if I initially give my consent, I can choose to withdraw it at any time by updating my child's records at the school.

- Parent/Guardian Consents       Eligible Student Consents (18 years and older)  
 Parent/Guardian Does Not Consent       Eligible Student Does Not Consent

**ACKNOWLEDGEMENT OF STUDENT RECORDS REQUEST**

I understand that the school will be requesting records from my child's current school for the purpose of enrollment in the 2018-19 school year and to aid in present and future educational decisions. This includes my child's state ID number, attendance and truancy records, immunization and medical records, birth certificate, legal custody papers, official transcripts, Individualized Education Plan, multi-factored evaluation, behavior intervention plan, pupil personnel and special services records, standardized test scores, academy or school disciplinary intervention records, EL reports, directory information, suspension and expulsion reports, and all other permanent and cumulative records.

- Parent/Guardian Acknowledges       Eligible Student Acknowledges (18 years and older)

By signing below, I pledge my commitment to helping the school fulfill its primary mission—rigorous academic learning. I had the opportunity to review the school Handbook and Code of Conduct and pledge:

- To ensure that the rules and guidelines of the school, as contained in the Handbook and Code of Conduct, are followed by my child and my household.
- To maintain high academic and behavioral expectations for my child.
- To demonstrate consistent interest in my child's progress at school.
- To support and work with teachers and school staff for the benefit of my child's learning.

As a parent/guardian, I understand that my child may be withdrawn from the school, in accordance with state law and school policy, if:

- My child has excessive absences (excused or unexcused) and/or tardies (arriving to school late or being picked up early on a regular basis).
- My child repeatedly violates school rules.
- My child does not complete his or her homework or assignments regularly.

In addition to my preferences set forth above, my signature below verifies that information and documentation I provided to the school in the (re)enrollment process are accurate and up-to-date.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Legal Guardian Name      Parent/Legal Guardian Signature      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Eligible Student Name (18 years and older)      Eligible Student Signature      Date

