

Program Enrollment Form

Student information – *Please Print* (one registration per student) DATE \_\_\_\_\_

Name: \_\_\_\_\_ Program Name: UHOPE SUCCESS ACADEMY  
(Last) (First) (Middle)

Student Address: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
(Number) (Street Name) (Apt. No.) (City) (State) (Zip code) Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Mailing Address: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender (Circle) Male Female

If different than above (Number) (Street Name) (Apt. No.)(City) (State) (Zip code) Date of Birth (mm/dd/yyyy)

The federal government **requires** that **both** these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, program personnel are **required** to make selections for both.

- Is this student Hispanic or Latino? (choose only one)
  - NO**, not Hispanic or Latino
  - YES**, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin.)
- What is the student’s race? (**Select all that apply**)
  - 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.)
  - 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 Pacifica Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
  - White (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East).

What is the primary language you use when speaking with your child? \_\_\_\_\_

Do you need school related information in Spanish?  Yes  No What is your child’s native language? \_\_\_\_\_

Country of your child’s birth? \_\_\_\_\_

Date your child first enrolled in a school in the U.S.? \_\_\_\_/\_\_\_\_/\_\_\_\_ Does your child have an IEP or 504? Yes No

Child’s last completed grade in school? \_\_\_\_\_ List all schools attended including one currently enrolled

in: \_\_\_\_\_

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Number of adults in household? \_\_\_\_\_ Relationships to student: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Parent/ Legal Guardian #1

Name \_\_\_\_\_ Address \_\_\_\_\_  
(Last) (First) (Middle) Number Street Name Apt. No. City State Zip code

Relationship to student \_\_\_\_\_

( ) - ( ) - Marital Status:  Single  Married  Co-habitant  Divorced  Widow  
Work phone / Home Phone Cell Phone

What kind of work do you do? \_\_\_\_\_ Job title? \_\_\_\_\_ Average hours per week worked? \_\_\_\_\_

Educational Level:  Non High School grad.  High School grad.  Vocational Training  Some College  
 2yr. Degree  4 yr. Degree  Graduate work

Parent/ Legal Guardian #2

Address: \_\_\_\_\_  
Last First Middle. Number Street Name Apt. No. City State Zip code

Relationship to student \_\_\_\_\_

( ) - ( ) - Marital Status:  Single  Married  Co-habitant  Divorced  Widow  
Work phone / Home Phone Cell Phone

What kind of work do you do? \_\_\_\_\_ Job title? \_\_\_\_\_ Average hours per week worked? \_\_\_\_\_

Educational Level:  Non High School grad.  High School grad.  Vocational Training  Some College  
 2yr. Degree  4 yr. Degree  Graduate work

Emergency Contact

Address: \_\_\_\_\_  
Last First Number Street Name Apt. No. City State Zipcode

Relationship to student \_\_\_\_\_  Yes  No Child can be released to this person? \_\_\_\_\_  
Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

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

# UHOPE Success Academy

# 2020 Summer Learning Camp

Student Grade \_\_\_\_\_

## Program Enrollment Form

School Name \_\_\_\_\_

School District **Fairfield City Schools**

Last

First

Number

Street Name

Apt. No.

City

State

Zipcode

\_\_\_\_\_

Yes  No

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Relationship to student

Child can be released to this person?

Phone Number

Alternate Phone Number

Parent Signature \_\_\_\_\_

### Emergency Transportation Notice

In an emergency, staff will contact an e-unit / ambulance / other emergency vehicle and authorize medical treatment as needed.