

STUDENT INFORMATION		
Last Name	First Name	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Student Contact # _____		Email _____
Email 2: _____		Student ID# _____ Grade _____ GPA _____
State of Florida ID #: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate ____/____/____
Ethnic Background <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (Please Specify) _____		
English is the primary household language? YES <input type="checkbox"/> NO <input type="checkbox"/> If not, please indicate primary language: _____		
Mother/Guardian Name: _____		Father/Guardian Name: _____
E-mail 1: _____		E-mail 2: _____
Cell Phone #: _____		Cell Phone #: _____
Student lives with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/>		
I was referred to ASAS by: My child's school <input type="checkbox"/> Community Organization <input type="checkbox"/> Personal Referral by _____		
ELIGIBILITY CRITERIA - All information must be completed to be eligible for College Impact services.		
Funding is provided by the Florida Department of Education and requires specific documentation for enrollment into the FIU After School All-Stars College Impact Program. The information is protected by the Family Rights and Privacy Act. The information is used to determine if the student is eligible to participate in the program. This section must be completed by the parent/guardian.		
First Generation Status (Parents' or Guardians' educational level)		
Please check the highest level of education <u>completed</u> by the student's mother/female guardian:		
<input type="checkbox"/> Some High School <input type="checkbox"/> High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate School		
If Bachelor's Degree, Name of Institution Attended: _____		
Please check the highest level of education <u>completed</u> by the student's father/male guardian:		
<input type="checkbox"/> Some High School <input type="checkbox"/> High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate School		
If Bachelor's Degree, Name of Institution Attended: _____		
Income Status		
If your family is using any of the following programs, please check:		
<input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Federal School Lunch Program		
Is this student a Ward of the Court? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxable Income – Net Adjusted Gross Income (check one- see 1040 tax form, line 43 or 1040A tax form, line 27, or 1040EZ, line 6)		
<input type="checkbox"/> \$0-\$18,735 <input type="checkbox"/> \$31,996-\$38,625 <input type="checkbox"/> \$51,886-\$58,515 <input type="checkbox"/> \$18,736-\$25,365 <input type="checkbox"/> \$38,626-\$45,255 <input type="checkbox"/> \$58,516-\$65,145 Family members living in household _____ <input type="checkbox"/> \$25,366-\$31,995 <input type="checkbox"/> \$45,256-\$51,885 <input type="checkbox"/> \$65,145 or above		
Federal DOE Programs Current Year Low-Income Levels Effective 1/19		

STUDENT ASSESSMENT – THIS SECTION TO BE COMPLETED BY STUDENT ONLY

What are your plans after you graduate from high school?

2-Year College 4-Year College Technical/Vocational School Work Military Other: _____

What services and information would you like to receive from FIU After-School All-Stars? (check all that apply):

- Tutoring (If so, in what subjects?) _____
- Academic Counseling Mentoring Information on college selection Career Information
- Help preparing for college entrance exams (SAT/ACT Prep) Financial Education Exposure to college campuses
- Information on the college admissions process and help completing college applications.
- Information on college costs and help completing financial aid applications
- Dual Enrollment Courses Service Learning
- Information about the benefits of going to college and earning a degree

Currently, your top three choices for college/post-secondary education are:

Currently, your top three choices for your future career are:

What do you see as your strengths (academically or socially)?

What would you like to improve (academically or socially)?

If accepted, I agree to always treat myself, other students, and program staff with respect.

I also agree to work hard in school, participate in College Impact sessions, events, and workshops throughout middle and high school, in order to prepare myself for success in school and in college.

Student Signature: _____ **Date:** _____

PARENT AGREEMENT - THIS SECTION TO BE COMPLETED BY PARENT ONLY

Please read the following: In consideration of accepting this application for registration in the FIU After-School All-Stars Program (the "Program"), I, the parent, guardian or other legal custodian of the participant described above, intending to be legally bound, for the participant and his/her heirs, guardians and personal representatives, do hereby, waive and release the Florida International University Board of Trustees, South Florida After-School All-Stars, Inc., Miami-Dade County, the Miami Dade County Public School System, and all other municipalities, schools, clubs and private agencies, their officers, directors, agents, employees, volunteers, and assigns and any sponsors for any and all injuries suffered by my child/ward as a result of his/her participation in the program. I represent that I have the authority to acknowledge and sign this registration for the purpose set forth herein and that no other consents are required. I hereby grant full permission to any and all of the foregoing parties to use the participant's photograph, likeness and voice, including but not limited to videotapes, recordings, television broadcasts or any other record of these events to any purpose related to the program, without payment of any additional consideration. It is further agreed that the participants will be evaluated during this program and that these evaluations may be used, and the results made public. These evaluations will be based on data, which will include but may not be limited to, the participants' grades, attendance records and test scores as recorded with the Miami-Dade County Public Schools and other agencies. The participants' names will not be used in connection with any public use of these evaluations without the expressed written consent of the participant and their parent, guardian, or legal custodian. I certify that all the information contain herein is true and correct.

Parent/Guardian Signature: _____ **Date:** _____

For Office Use Only:
Director Signature: _____ Enrollment Date: _____