

College Impact Application & Release Form

STUDENT INFORMATION			
Last Name	First Name	M.I.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address			Apartment/Unit #
City	State	ZIP	
Home Phone:	Cell Phone:	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) _____			
School _____ Student ID# _____ Grade _____ GPA _____			
E-mail Address:			
Have you participated in After-School All-Stars? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Provide Location: _____			

Emergency Contact			
Mothers Name:	Address:	Home Phone:	Business Phone:
Fathers Name:	Address:	Home Phone:	Business Phone:
Mothers E-Mail Address:		Fathers E-Email Address:	
Emergency Contact Other than Parent:		Home Phone:	Relationship to Student:
Siblings in the Program:			
In the even no one can be contacted. I give permission for my son/daughter to receive emergency medical treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "NO" was checked in the previous box, please provide a protocol to follow:			

I certify that the information given here is true and correct. I give my consent for my child to attend field trips, cultural events and workshops. I relieve the College Impact Program at Florida International University and South Florida After-School All-Stars of any responsibility for accidents, illnesses, or injuries including death that may result from participation. I release the released parties from all claims, damages, actions, or causes of actions which may occur due to any decisions made with respect to the medical care or treatment of my child. I authorize the use of my child's in interviews, the use of quotes, and the taken of photographs, movies or video tapes in program publications, newsletters, and websites. I authorize counselors or schools to release my child's transcript information regarding educational progress, any financial aid award, and enrollment status to the College Impact Program.

Parent/Guardian Signature

(Date)