



STUDENT APPLICATION

- 1) Student Name: _____
- 2) Citizenship: Yes or No
- 3) Date of Birth _____
- 4) Sex _____ Age _____
- 5) Home Phone _____
- 6) Home Address _____
- 7) Town state zip

- 8) E-mail address (please print)

- 9) School Name: _____
- 10) School phone: _____
- 11) School address: _____ Zip _____
- 12) Where do you plan to attend school next year?

- 13) What are your hobbies?

- 14) What is your favorite kind of music?

- 15) Do you speak Spanish?

- 16) What job are you interested in?

- 17) Are you interested in going to college or a business school?

- 18) How did you hear about Changing Life Education?



Parent or Guardian Information

Father/Mother Name _____

Address: _____

City: _____ State _____ Zip _____ Phone _____

Parental Agreement

I HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER _____ TO PARTICIPATE IN CHANGING LIFE, EDUCATION INITIATIVE, and INC SUMMER/FALL PROGRAMS. I WILL NOT HOLD LIABLE THE FACILITY WHERE MY SON/DAUGHTER INCURS DURING THE SUMMER/FALL ON ITS PREMISES OR OFF PREMISES. I GIVE MY SON /DAUGHYER'S PHOTO, IMAGINES, VIDEO, ECT TO BE USED IN ANY CHANING LIFE MEDIA & PROMATIONS, WEBSITE PAGE AND PROMOTINAL BROUCHERS; USED HOWEEVER SEE FIT THE EXECTIVE DIRECTOR.

PARENT SIGNATURE

GUARDIAN SIGNATURE

STUDENT SINGATURE



PERMISSION SLIP

As a parent/legal guardian of _____ I have reviewed the information about the Changing Life Education Initiative, INC Summer Education and mentoring Program, and grant permission for my child/ward to be involved in the overall activities : Location: ***Apostolic Faith Church, 3823 s Indiana, Chicago IL***

Start Time, Date: First segment **June 13, 2011- July14, 2011**

Second Segment **July18, 2011 –August 27, 2011**

Program Scheduled Days: **Monday-Thursday 9am -3pm**

I understand all reasonable safety precautions will be taken at all times by the Changing “Life, Education Initiative Inc. And its agents during the events and activities. I authorize any treatment by accredited hospital and/ physician deemed necessary for my child /ward in case of an emergency. I understand the possibility of unforeseen hazard and know the inherent possibility of risk. Whenever feasible and possible the events the Leaders or Instructors will attempt to contact me for guidance and direction and will attempt to allow me to speak with the health care provider prior to any procedure or treatment.

I understand I am liable and agree to pay all cost and expenses incurred in connection with such medical and dental services rendered to my child/ward pursuant to this authorization.

Should it be necessary for my child/ward to return home due to medical reason, I shall assume all transportation costs.

I also give permission for my child/ward to ride in any vehicle designated by the event leaders or instructors in whose care the minor has been entrusted while attending and participating in activities sponsored by Changing Life, Education Initiative, Inc.

The Changing “Life “ Education Initiative Inc. is pleased to provide programs and activities as part of its fall education and Mentoring Programs and activities as part of its fall Educations and Mentoring Program. Participation in programs and activities is contingent upon the participant’s appropriate moral and ethical behavior. Any participant not conducting himself/herself in this manner at any program or activity will be required to leave the program or activity at the expense of the parent/guardian when so informed by the event leaders or instructors in whose care the minor has been entrusted

I have reviewed the expectations listed on the back of this permission slip and agree that my child/ward will comply with them. I also acknowledge that if my child/ward has to return home early for discipline violations it will be at my expense. I agree that my child/children who are enrolled in the Changing Life Education Initiative, Inc. it leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child /ward.



Photos/Image

I agree that my child /children who are enrolled in the Changing Life Education Initiative, Inc. Are granted permission to be photographed in association to any Changing Life class, activity or program. I agree my child/children pictures can be used in publications, website, magazines, publicity, ads, ect.as so deemed by the leadership of the organization

Permission Slip

While participating in any class or workshop, event leaders and instructors have following expectations of all participants.

positively represent the Changing Life, Education Initiative, Inc., our community and yourself though appearance and actions.

- Attend all activities
- Maintain a reasonable noise level.
- Show respect for others.
- No inappropriate language or gestures
- Dress appropriately adhere appropriate length for short skirts and dresses no revealing tops, etc.; Males –no sagging pants or shorts showing underwear, etc.
- Do not bring buy, or use tobacco, alcohol, or illegal drugs.

Program preference:

(List program or classes student are interested in such as tutoring, mentoring, career development, community services violence prevention and youth advisory board.)

(Please print)

Parent/ guardian Name _____ Student Name _____

Parent/guardian signature _____ Relationship to youth _____

Address/ city /Zip _____ Date: _____

(w) Phone # _____ (H) phone # _____

(Cell) Phone# _____

(Name)	(H) Phone #	(W) phone #	(cell) phone #
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Additional Emergency Contact:

(Name)	(H) Phone #	(W) phone#	(Cell) phone
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