



STUDENT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Grade: _____ School: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Student Email: _____

PARENT/GUARDIAN INFORMATION (This information is required for enrollment.)

Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Other Emergency Contact: _____ Phone: _____

MEDICAL INFORMATION

Medications/Conditions: _____

Allergies: _____

Primary Doctor: _____

Phone: _____

HOUSEHOLD INFORMATION (This section must be completed. It is necessary for the funding our organization receives. All information is entirely confidential.)



Teens Race (Circle): African American Asian Caucasian Hispanic Native American Other

Country of Origin: _____ Primary Language: _____

Teen Qualifies for free/reduced lunch: Yes No

Teen lives with (Check all that apply): Mother Father Stepmother Stepfather Grandparent Guardian Other

Single Parent: Yes No

Mother's Highest Level of Education: _____

Father's Highest Level of Education: _____

PHOTO RELEASE:

Yes No I give my permission for EJS Project to use photos and/or videos that include my child on its social media sites and website, and in publications, printed materials and local media.

ACADEMICS:

Yes No I give permission for my teen to access his/her grades and school records while in the presence of EJS staff and volunteers. I also give EJS Project and my child's school permission to exchange information regarding my teen. The purpose of this exchange is to help both organizations more effectively support the teen's academic goals.

Best School Contact (Teacher/Advisor): _____

Does your child have an Individualized Education Plan (IEP)? Yes No

Please use the space below to provide details or list educational and social-emotional goals you would like to share with us:



DISMISSAL:

My child has permission to walk home alone at dismissal: ✕ Yes ✕ No

My child **MAY NOT** be picked up by: _____

The following individuals are authorized to pick up my child:

Name/Relationship: _____

Address: _____

Phone: _____

Name/Relationship: _____

Address: _____

Phone: _____

PARENT/GUARDIAN SIGNATURE:

By signing below, I (parent/guardian) give my student permission to attend EJS Project Teen's Center and acknowledge that I have reviewed and understand the Code of Conduct regarding my student's participation.

Parent/Guardian Signature: _____ Date: _____