



**NYCDOE Community School
21st Century Community Learning Centers (21CCLC)
Student Enrollment Form
School Year _____**

Student Information

Student Name:		School:	
Student OSIS (LD Number):		Gender: Male _____ Female _____	
Grade:		Date of Birth:	
Mailing Address:			
City:	State:	Zip Code:	
Home Phone:		Home Email:	
Racial/Ethnic Group (Optional): 1. American Indian/Alaska Native 2. Black or African American 3. Hispanic or Latino 4. Asian 5. White 6. Pacific Islander 7. Other _____			
Language(s) Spoken At Home:			
Math Teacher:		English Teacher:	

Parent/Guardian Information

Name of Primary Parent/Guardian 1:	
Guardian Title (please circle one): Mother Father Grandmother Grandfather Other: _____	
Language(s) Spoken:	
Address:	
Home Phone:	Work Phone:
Cell Phone:	E-Mail:
Name of Primary Parent/Guardian 2:	
Guardian Title (please circle one): Mother Father Grandmother Grandfather Other: _____	
Language(s) Spoken:	
Address:	
Home Phone:	Work Phone:
Cell Phone:	Email:



Student Name:	OSIS Number:
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**21st Century Community Learning Centers (21CCLC)
Student Participation Release Form**

I give my child, _____, permission to enroll and participate in the 21st Century Community Learning Centers (21st CCLC) program at _____.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Release of Child at Dismissal

I give my child permission to walk home alone at dismissal: Yes _____ No _____

If no, my child will be picked up after-school by me or one of the following individuals:

Name 1:	Relationship to Student:
Home Phone:	Cell Phone:
Name 2:	Relationship to Student:
Home Phone:	Cell Phone:

My child **MAY NOT** be picked up by the following individuals:

Name 1:	Relationship to Student:
Name 2:	Relationship to Student:
Name 3:	Relationship to Student:

If I am not available during emergencies, my child may be released to one of the following individuals:

Name 1:	Relationship to Student:
Home Phone:	Cell Phone:
Name 2:	Relationship to Student:
Home Phone:	Cell Phone:



Student Name: _____	OSIS Number: _____
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Health Information

*** To be completed by the parent/guardian. This confidential health information will only be used to ensure the safety of the children in this program.**

Please provide your child's medical history:

Allergies to food: Yes _____ No _____ Specify _____

Behavioral/Emotional: Yes _____ No _____ Specify _____

Physical Disabilities: Yes _____ No _____ Specify _____

Corrective Device: Yes _____ No _____ Specify _____

Asthma: Yes _____ No _____ Does your child use an inhaler: Yes _____ No _____

Allergies to penicillin: Yes _____ No _____ Allergy to plants: Yes _____ No _____

Allergy to insect stings: Yes _____ No _____ Hay Fever: Yes _____ No _____

Convulsions/Seizures: Yes _____ No _____ Diabetes: Yes _____ No _____

Other: _____

Does your child have special health care needs that require treatment or medication? Yes _____ No _____

Please explain: _____

Does your child take medication for any condition or illness? Yes _____ No _____

Please explain: _____

Are there any activities your child cannot participate in: Yes _____ No _____

Please explain: _____

If my child requires emergency medical care and I cannot be reached, I give my consent to the 21st CCLC program to obtain the necessary medical care for my child. I agree to pay all costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.

Parent/Guardian Name (Print)	Parent/Guardian Signature	Date
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NYC
COMMUNITY
SCHOOLS

Student Name:

OSIS Number:

**Consent to Photograph, Film, or Videotape a Student for Non-Profit Use
(E.G., Educational, Public Service or Health Awareness Purposes)**

Student Name: _____

School: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the Student named above by the New York City Department of Education. I also grant to the New York City Department of Education the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Address of Parent/Guardian: _____



Student Name: _____

OSIS Number: _____

Student Data and Evaluation Consent Form

Your child, _____, is enrolled in the program funded by the 21st Century Community Learning Center grant (21st CCLC). In order to monitor the effectiveness of the program and ensure its future success, an independent evaluator is conducting an ongoing evaluation. It the intentions of the evaluation to learn how these services help students, and how they can be improved in order to meet the grant requirements.

Specifically we ask permission to:

- Obtain demographic data including: racial/ethnic group, gender, grade level, English proficiency, free or reduced price lunch eligibility, and special needs from the New York City Department of Education for students in the 21st CCLC program.
- Contact your child's school to obtain records showing his or her progress, including information about enrollment, grades, citywide and statewide test scores, and 21st CCLC program attendance.
- Survey and/or interview you and your child about the 21st CCLC program and its effects.
- Talk to teachers and staff about your child's progress and participation in the 21st CCLC program, and review program records on participation in the program.

Individual student data we collect will only be used to assess the 21st CCLC program and will not be made public. Participating in the evaluation will not affect your child in school, in the 21st CCLC program, or in any other way. We will not use your name or your child's name in any report. At the end of the evaluation, we will destroy all records that include personal information. Participation in the study is completely voluntary and participants may withdraw at anytime with no consequences.

Please select on of the options below and return this form to the program coordinator/director.

 YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give permission for my child to participate in the evaluation of the 21st CCLC program. I also consent for the evaluator and the New York City Department of Education to obtain my child's records, interview program and school staff, and interview me and my child for evaluation purposes.

 NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I DO NOT give permission for my child to participate in the evaluation of the 21st CCLC program.

If at any time you change your mind about this decision, you may contact the site coordinator and/or evaluator directly at:

Student Name: _____

Student OSIS #: _____

School: _____

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date



Center for Supportive Schools (CSS): Water's Edge Campus Community School

Parent Interest Survey

Your child's school is now a community school, meaning they are working on becoming community hubs of service and support, and we want to hear from parents about what they need and want to be partners in their child's education.

• Your Name: _____ Child's Name: _____

• What is the best way for us to contact you?

Telephone: _____ Email: _____

• How would you like to receive communication from the school? | When is the best time to reach you?

<input type="checkbox"/> Text	<input type="checkbox"/> AM
<input type="checkbox"/> Phone call	<input type="checkbox"/> PM
<input type="checkbox"/> Email	
<input type="checkbox"/> Monthly Newsletter	

• What is the biggest challenge you face in supporting your child's academic achievement?

• We need your input to identify programs that interest you and are specifically for parents. Please check all activities you would participate in if they were available after school or on weekends. Thank you for your help!

Social Services, Employment, & Education	Weekends	After School	Sports, Arts & Recreational Activities	Weekends	After School
Mentoring youth			Arts & crafts		
Job Search Help			Dance		
Resume writing			Photography		
Interviewing skills			Family game night		
Computer training			Family movie night		
College preparation			Cooking		
Financial Training			Yoga		
Citizenship classes			Self Defense		
ESL			Parent volunteer		
Family counseling			Karate/Martial Arts		
Group counseling			Nutrition/Cooking		
Career counseling			Dinner/Social Event		
Overview of High School graduation process			Saturday Trips with your children		

• How often would you like to attend programs / workshops?
 Once a month
 Every other month

• Would you like to be involved in a parent leadership role?
 Yes
 No

Contact Shelly Horn, Community School Director, at shorn@supportiveschools.org, 347.220.8781 or Room 805 of the school, for more information!

Sprint 1Million Project Consent

We have exciting news! Through a generous donation from Sprint, *your student could be eligible to receive a free, portable Wi-Fi hotspot to be used for internet access until they graduate.* The Sprint 1Million Project is focused on providing internet access to students lacking consistent in-home connectivity. The devices are being donated to support your student's online research, homework, and access to learning outside of school.

Please fill out this form if you wish your student to receive a device.

	First Name	Last Name
Parent / Guardian Name:		
Student Name:		
Grade:	Student is over 13 years old: yes ___ no ___	
	Date of birth (optional): _____	

Here's the key information you need to know about the program:

- There is no cost for this program – it's completely free;
- While the devices will be phones, **students will not be able to text or call from devices** – only browse the web or connect a computer or tablet to the internet; students will also be able to download apps, and we suggest you discuss with your student which apps are appropriate;
- Sprint is providing free internet access until August 31 of the student's graduation year (no more than 4 years after you receive the device);
- Hotspots will provide 3GB of high speed data access monthly (good for homework and research, but not for streaming video). If they use up their 3GB, they can still access unlimited data at lower speeds until the data plan resets;
- Devices are set up with CIPA-compliant filters for students (see attached for more information);
- Sprint has agreed not to sell personal student information for marketing purposes.

I understand that the student will receive a Wi-Fi hotspot which has access to the internet and can download applications, to be used *for school work only*. I have read and understand the terms and conditions of the plan, understand that my student must comply with those terms, and will keep the attached pages for my reference.

I waive any and all claims against Sprint, Sprint Prepaid, or the Sprint Foundation related to the receipt and use of the device under the Sprint 1Million Project. I release the City of New York and the New York City Department of Education from any and all claims I or the student may have in relation to the Sprint 1Million Project or any Sprint product or service received through the New York City Department of Education or the student's school.

I give permission for the student to participate in the Sprint 1Million Project. I also consent to the above information and information transmitted through use of the phone to be provided to Sprint. I certify that all of the information on this form is correct, and that I have the authority to provide this consent.

Parent / Guardian Signature:	
Student Signature:	
Date (MM/DD/YY):	

