



**PARENT/GUARDIAN/FAMILY MEMBER INFORMATION**

Name of Parent(s)/Guardian(s)/FamilyMember(s): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Does your company have a matching gift program for Non-Profit Organizations?  Yes  No

Email Address(es): \_\_\_\_\_ Daytime Phone #:( ) \_\_\_\_\_

Evening Phone #:( ) \_\_\_\_\_ Cell Phone #:( ) \_\_\_\_\_

Would you be interested in joining the College Bound Parents and Friends group, which meets throughout the school year to discuss news and upcoming events for College Bound?  YES  NO

**INFORMATION ABOUT STUDENT**

1. Does your child have a physical disability?  YES  NO

*If Yes, please list:*

\_\_\_\_\_

2. Does your child have a learning disability?  YES  NO

*If Yes, please list:*

\_\_\_\_\_

*If Yes, does your child have an Individualized Educational Program (IEP)?  YES  NO*

***\*\*If Yes, please provide a copy of it with the application.\*\****

3. Is one or both of the student's biological parents currently incarcerated?  YES  NO

4. Tell us something about your family that will be helpful in working with your student.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this form you are stating that the information provided in this application is true and correct to the best of your knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETION/SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE**