



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