STUDENT APPLICATION AND RELEASE OF INFORMATION FORM

Student/Parent/Guardian: Thank you for your interest in the program! We will contact you with your child’s start date since placement is dependent on available slots. Students may be placed on a waiting list.

STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student ID#</th>
<th>Student Name</th>
<th>School</th>
<th>Grade</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PARENT/ GUARDIAN CONTACT INFORMATION

Parent/Guardian Name: [ ]

Home Address: [ ]

Email: [ ]

Mother Phone Number

Home: [ ]

Cell: [ ]

Father Phone Number

Home: [ ]

Cell: [ ]

Emergency Contact #1 Name: [ ]

Emergency Contact #1 Phone: [ ]

Emergency Contact #2 Name: [ ]

Emergency Contact #2 Phone: [ ]

Please list any allergies your child has: [ ]

Please list anything we should know about your child: [ ]

CONSENT/RELEASE OF INFORMATION

I hereby give permission for my child to be interviewed by a representative of Educational Enterprises, LLC, 2331 Pennsylvania Avenue, Philadelphia, PA 19130, to evaluate the quality of the 21st Century Community Learning Centers Program.

□ YES □ NO

Parent/Guardian Name (Printed) ____________________________

Parent/Guardian Signature ____________________________

Student Name (Printed) ____________________________

Student Signature ____________________________

For more information, please contact April McGovern, Project Coordinator, at 484-765-4094 or mcgoverna@allentownsd.org

Funded in full or in part by a grant from the Pennsylvania Department of Education