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>
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</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. 
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