

## Oak Ridge Youth Development School Enrollment Application

(Please Complete One Form for Each Child)		Today's Date:	
CHILD'S NAME:		Current Age:	
Mother/Guardian	's Name:		
Address:			
City:	State:	Zip Code:	
Occupation:	Highest Grade	Completed or Degree Earned:	
Home Phone: () _	Work Pl	none: (	
Cell Phone: ()	Email:		
FATHER/GUARDIAN'S	5 NAME:		
Address:			
City:	State:	Zip Code:	
Occupation:	Highest Grade	Completed or Degree Earned:	
Home Phone: ()	Work Ph	one: (	
Cell Phone: ()	Email: _		
	Foster Parent Other (Please Specify	Grandparent	
Is this child living with you	1? YES	NO	

## ORYDS SCHOLAR CONTACT PAGE

#### EMERGENCY CONTACT: PLEASE LIST IN ORDER OF PRIORITY

NAME	RELATIONSHIP	EMAIL ADDRESS	CELL#
45E LIST PER:	sons authorized to drop of	f and/or pick up	Your scholar
NAME	RELATIONSHIP	EMAIL ADDRESS	CELL#
			· · · · · · · · · · · · · · · · · · ·
	ity (text box)		
_	ican/Black/Non-Latino Hawaiian or Other Pacific Islande		dian or Alaskan Na
_	iian or Other Pacific Islander	White/Non-L	
School Info	ormation		
e of School:			
ent Grade Enro	lled:		
s your child re	eceive free/reduced price		
h during the	<del>-</del>		

## (\*\*WE DO NOT HAVE TRAINED STAFF TO ADDRESS SPECIAL NEEDS\*\*)

Household Annual Incor	ne:
up to \$9,900	
\$9,951 to \$40,525	
\$40,526 to \$86,375	
\$86,376 to \$164,925	
\$164,925 or more	
RETURNING SCHOL	AR(S): YES NO
	NDANCE:
NEW STUDENT: YES	NO
Church Community  Facebook Other  What other enrichment (text box) Academic Clubs A Music Po	t this program? (Text Box) ORYDS Website Google/Internet Referred Friends Referred  t or extra-curricular activities does your child participate in during the school year Cultural/Language Volunteer/Community Service Performance Art Sports and Recreation Technology  ysical/medical limitations/disabilities? (text box)
If yes, please specify:	
What <u>FOODS</u> , if any, is milk     eggs   peanuts   soy   wheat   tree nuts (such as walnufish   shellfish (such as shrim	

## PARENT/GUARDIAN CONSENT FORM

I,	(Parent/Guardian's Name), give permission to the Oak Ridge Youth
Develonment Scho	ol and its designees to collect and record data on my child
This data gathering	(Child's or Children's Names).  may include, but is not restricted to the following:
<ul> <li>Surveys and his/her/their leadership a School prog</li> <li>Academic a</li> </ul>	/or interviews about his/her/their knowledge, attitudes, skills, and behaviors in regard to academic development such as motivation to read; non academic development such as nd conflict resolution skills; and, overall satisfaction with the Oak Ridge Youth Development
Youth Developmer this information wi	e purposes of these surveys and interviews are to document the impact of the Oak Ridge t School on its participants, and to identify areas for improvement. I also understand that ll remain private, and that only the Management Team and Research Assistants working with development will be able to look at his/her responses.
Print Name:	
	Date:
	Oak Ridge Youth Development School Media Release Form
affiliates, licensees I have given to OR videotape, audiotap acknowledge that 0 may cause all or pa	horize and irrevocably grant to the Oak Ridge Youth Development School (ORYDS) and its agents and assigns, the unrestricted right to use and publish any part of the information that YDS and the right to record my name, voice, appearance, likeness, and comments on film, re, still photographs, print, and any other media now known or hereafter invented. I DRYDS shall own all right, title and interest in and to this media. I further agree that ORYDS arts of this media to be used for any and all publications, exhibitions, public displays, and or other purposes.
child(ren's) name, agree to hold harm	inspection or approval of the media or any advertising or publicity in which my name or my voice, appearance, likeness, narrative, or comments might appear. I expressly release and ess ORYDS and its agents, employees, licensees and assigns from and against any and all ut not limited to, invasion of privacy, that I might ever have in any way relating to my
D 4 N	
Print Name:	

#### **PARENT CLOSING STATEMENT**

I hereby certify that the statements in this application are correct and true. I understand that my child(ren)'s enrollment as an ORYDS student is based, in part, on the information provided within this application and my agreeing to the terms as outlined in writing by the ORYDS.

<b>Print Name:</b>	·	
Signature:		
Date:		



## TEE SHIRT ORDER FORM

# STUDENT SHIRTS INCLUDED WITH ENROLLMENT ADDITIONAL ADULT SHIRTS \$10 EACH-PAYABLE DURING ENROLLMENT (PLEASE PRINT)

ocholard name: (Tee dhirt Order Only):						
SCHOLAR'S NAME: (TEE SHIRT	Grder GNLY):					
SCHOLAR'S NAME: (TEE SHIRT	Grder GNLY):					
Adult's Name: (Tee shirt order only):						
PHONE NUMBER FOR NAMES LISTED ABOVE:						
PLEASE ENTER THE SCHOLARS/ADULT'S INITIALS IN THE APPROPRIATE SIZE BELOW:						
YOUTH SMALL	YOUTH MEDIUM	YOUTH LARGE				
ADULT SMALL	ADULT MEDIUM	ADULT LARGE				
ADULT X-LARGE	ADULT 2-X	ADULT 3-X				
ADULT 4-X	ADULT 5-X					